## Case 18-70705 Doc 1 Filed 06/19/18 Entered 06/19/18 15:50:12 Desc Main Document Page 1 of 62

| Fill in this information to identify your case: |                                 |                                 |
|---|---------------------------------|---------------------------------|
| United States Bankruptcy Court for the:         |                                 |                                 |
| MIDDLE DISTRICT OF GEORGIA                      | _                               |                                 |
| Case number (if known)                          | _ Chapter you are filing under: |                                 |
|   | ☐ Chapter 7                     |                                 |
|   | ☐ Chapter 11                    |                                 |
|   | ☐ Chapter 12                    |                                 |
|   | Chapter 13                      | Check if this an amended filing |

## Official Form 101

## **Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par   | Part 1: Identify Yourself   |  |   |  |  |  |
|---|---|--|---|--|--|--|
|   |   | About Debtor 1:                          | About Debtor 2 (Spouse Only in a Joint Case): |  |  |  |
| 1.  | Your full name  |  |   |  |  |  |
| your<br>pictu<br>exam<br>licen:<br>Bring<br>ident | Write the name that is on your government-issued picture identification (for example, your driver's               | Ronald First name                        | Kristi First name                             |  |  |  |
|   | license or passport).   | Arthur                                   | Michelle                                      |  |  |  |
|   | necrise of passport).   | Middle name                              | Middle name                                   |  |  |  |
|   | Bring your picture identification to your   | Cornelius, Jr.                           | Cornelius                                     |  |  |  |
|   | meeting with the trustee.   | Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III)      |  |  |  |
| 2.  | All other names you have used in the last 8 years Include your married or   |  | Kristi Gibbs                                  |  |  |  |
|   | maiden names.   |  |   |  |  |  |
| 3.  | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-1096                              | xxx-xx-9523                                   |  |  |  |
|   |   |  |   |  |  |  |

Case 18-70705 Doc 1 Filed 06/19/18 Entered 06/19/18 15:50:12 Desc Main Document Page 2 of 62

Debtor 1 Ronald Arthur Cornelius, Jr.
Debtor 2 Kristi Michelle Cornelius

Case number (if known)

|  |   | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):   |  |  |
|--|---|---|---|--|--|
| 4. Any business names and<br>Employer Identification<br>Numbers (EIN) you have<br>used in the last 8 years |   | ■ I have not used any business name or EINs.  | ■ I have not used any business name or EINs.  |  |  |
|  | Include trade names and doing business as names           | Business name(s)  | Business name(s)  |  |  |
|  |   | EINs  | EINs  |  |  |
| 5.   | Where you live  | 27 Glynn Brook Drive<br>Valdosta, GA 31602  | If Debtor 2 lives at a different address:   |  |  |
|  |   | Number, Street, City, State & ZIP Code  | Number, Street, City, State & ZIP Code  |  |  |
| Brooks   |   |   |   |  |  |
|  | County  |   | County  |  |  |
|  |   | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.                                       | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.  |  |  |
|  |   | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code  |  |  |
| 6.   | Why you are choosing this district to file for bankruptcy | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.) | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.) |  |  |
|  |   |   |   |  |  |

Case 18-70705 Doc 1 Filed 06/19/18 Entered 06/19/18 15:50:12 Desc Main Page 3 of 62 Document Ronald Arthur Cornelius, Jr. Debtor 1 Debtor 2 Kristi Michelle Cornelius Case number (if known) Part 2: **Tell the Court About Your Bankruptcy Case** Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy 7. The chapter of the Bankruptcy Code you are (Form 2010)). Also, go to the top of page 1 and check the appropriate box. choosing to file under ☐ Chapter 7 ☐ Chapter 11 ☐ Chapter 12 Chapter 13 How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. Have you filed for ☐ No. bankruptcy within the last 8 years? Yes. Middle District of 7/24/15 15-70826 District When Case number Georgia When District Case number When District Case number 10. Are any bankruptcy ■ No cases pending or being filed by a spouse who is Yes.

cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?

Debtor Relationship to you

District When Case number, if known

Debtor Relationship to you

District When Case number, if known

11. Do you rent your residence?

☐ No.

Go to line 12.

Yes.

Has your landlord obtained an eviction judgment against you?

No. Go to line 12.

Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

Case 18-70705 Doc 1 Filed 06/19/18 Entered 06/19/18 15:50:12 Desc Main Document Page 4 of 62

Debtor 1 Ronald Arthur Cornelius, Jr.

| Deb | tor 2 Kristi Michelle Co  | rnelius            |   | Case number (if known)   |
|-----|---|--------------------|---|--|
|     |   |                    |   |  |
| Par | Report About Any Ru   | ıcinaccac          | You Own as a Sole Proprie                           | ator   |
|     | -   | 1311103303         | Tou Own as a cole i ropin                           | okoi — — — — — — — — — — — — — — — — — — —   |
| 12. | Are you a sole proprietor of any full- or part-time business?   | ■ No.              | Go to Part 4.                                       |  |
|     |   | ☐ Yes.             | Name and location of bu                             | siness   |
|     | A sole proprietorship is a<br>business you operate as<br>an individual, and is not a<br>separate legal entity such<br>as a corporation,<br>partnership, or LLC. |                    | Name of business, if any                            | ,  |
|     | If you have more than one sole proprietorship, use a separate sheet and attach  |                    | Number, Street, City, Sta                           | ate & ZIP Code   |
|     | it to this petition.  |                    | Check the appropriate be                            | ox to describe your business:  |
|     |   |                    | ☐ Health Care Busi                                  | ness (as defined in 11 U.S.C. § 101(27A))  |
|     |   |                    | ☐ Single Asset Rea                                  | al Estate (as defined in 11 U.S.C. § 101(51B))   |
|     |   |                    | ☐ Stockbroker (as o                                 | defined in 11 U.S.C. § 101(53A))   |
|     |   |                    | ☐ Commodity Brok                                    | er (as defined in 11 U.S.C. § 101(6))  |
|     |   |                    | ☐ None of the above                                 | ve   |
| 13. | Are you filing under<br>Chapter 11 of the<br>Bankruptcy Code and are<br>you a small business<br>debtor?   | deadline operation | s. If you indicate that you are                     | e court must know whether you are a small business debtor so that it can set appropriate a small business debtor, you must attach your most recent balance sheet, statement of federal income tax return or if any of these documents do not exist, follow the procedure |
|     | For a definition of small   | ■ No.              | I am not filing under Cha                           | pter 11.   |
|     | business debtor, see 11 U.S.C. § 101(51D).  | □ No.              | I am filing under Chapter<br>Code.                  | 11, but I am NOT a small business debtor according to the definition in the Bankruptcy   |
|     |   | ☐ Yes.             | I am filing under Chapter                           | 11 and I am a small business debtor according to the definition in the Bankruptcy Code.  |
| Par | Penart if You Own or  | Have An            | , Hazardous Property or Λι                          | ny Property That Needs Immediate Attention   |
|     | Do you own or have any  |                    | Tiuzui dodo i Toporty of Al                         | ty reporty that receds ininiodate Attention  |
| 14. | property that poses or is   | ■ No.              |   |  |
|     | alleged to pose a threat of imminent and  | ☐ Yes.             | What is the hazard?                                 |  |
|     | identifiable hazard to public health or safety?   |                    | what is the hazard:                                 |  |
|     | Or do you own any property that needs immediate attention?  |                    | If immediate attention is needed, why is it needed? |  |
|     | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?   |                    | Where is the property?                              |  |
|     |   |                    |   | Number, Street, City, State & Zip Code   |

Case 18-70705 Doc 1 Filed 06/19/18 Entered 06/19/18 15:50:12 Desc Main Document Page 5 of 62

Debtor 1 Ronald Arthur Cornelius, Jr.
Debtor 2 Kristi Michelle Cornelius

Case number (if known)

Part 5:

**Explain Your Efforts to Receive a Briefing About Credit Counseling** 

#### Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

□ I am not required to receive a briefing about credit counseling because of:

### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

### Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

## ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

### □ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Case 18-70705 Doc 1 Filed 06/19/18 Entered 06/19/18 15:50:12 Desc Main Document Page 6 of 62

Ronald Arthur Cornelius, Jr. Debtor 1 Debtor 2 Kristi Michelle Cornelius Case number (if known) **Answer These Questions for Reporting Purposes** Part 6: 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." you have? ■ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ■ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses ☐ Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses ☐ No are paid that funds will ☐ Yes be available for distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5001-10,000 5**0,001-100,000 50-99 owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 **200-999** 19. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50.000** estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 be worth? □ \$50,000,001 - \$100 million □ \$10.000.000.001 - \$50 billion □ \$100,001 - \$500,000 □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million 20. How much do you □ \$0 - \$50,000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your liabilities \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,001 - \$500,000 □ \$100.000.001 - \$500 million ■ More than \$50 billion □ \$500,001 - \$1 million Part 7: Sign Below I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. For you If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Ronald Arthur Cornelius, Jr. /s/ Kristi Michelle Cornelius Ronald Arthur Cornelius, Jr. Kristi Michelle Cornelius Signature of Debtor 1 Signature of Debtor 2 Executed on June 19, 2018 Executed on June 19, 2018

MM / DD / YYYY

MM / DD / YYYY

Case 18-70705 Doc 1 Filed 06/19/18 Entered 06/19/18 15:50:12 Desc Main Document Page 7 of 62

| Ronald Arthur Cornelius, Jr.<br>Kristi Michelle Cornelius | Document | rage roroz | Case number (if known) |  |
|---|----------|------------|------------------------|--|
|   |          |            |                        |  |

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Christopher D. Hall                | Date          | June 19, 2018                     |
|--|---------------|-----------------------------------|
| Signature of Attorney for Debtor       |               | MM / DD / YYYY                    |
| Christopher D. Hall 318383             |               |                                   |
| Printed name                           |               |                                   |
| Hall & Mullis, PC                      |               |                                   |
| Firm name                              |               |                                   |
| 2301 Mimosa Drive                      |               |                                   |
| Valdosta, GA 31602                     |               |                                   |
| Number, Street, City, State & ZIP Code |               |                                   |
|  |               | dmullis@georgiabankruptcycenter.c |
|  |               | om                                |
| Contact phone <b>229-245-8817</b>      | Email address | chall@georgiabankruptcycenter.com |
| 318383 GA                              |               |                                   |
| Bar number & State                     |               | <del></del>                       |

Case 18-70705 Doc 1 Filed 06/19/18 Entered 06/19/18 15:50:12 Desc Main

|                     |                          | 17(7(.11111)       |           |                                       |
|---------------------|--------------------------|--------------------|-----------|---------------------------------------|
| Fill in this infor  | mation to identify your  | case:              |           |                                       |
| Debtor 1            | Ronald Arthur Co         | ornelius, Jr.      |           |                                       |
|                     | First Name               | Middle Name        | Last Name |                                       |
| Debtor 2            | Kristi Michelle Co       | ornelius           |           |                                       |
| (Spouse if, filing) | First Name               | Middle Name        | Last Name |                                       |
| United States Ba    | ankruptcy Court for the: | MIDDLE DISTRICT OF | GEORGIA   |                                       |
| Case number         |                          |                    |           |                                       |
| (if known)          |                          |                    |           | Check if this is ar<br>amended filing |

## Official Form 106Sum

## Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| you | original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page.   |              | •                        |
|-----|---|--------------|--------------------------|
| Par | 11: Summarize Your Assets   |              |                          |
|     |   | Your as      | ssets<br>of what you own |
| 1.  | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B   | \$           | 0.00                     |
|     | 1b. Copy line 62, Total personal property, from Schedule A/B  | \$           | 10,597.00                |
|     | 1c. Copy line 63, Total of all property on Schedule A/B   | \$           | 10,597.00                |
| Par | t 2: Summarize Your Liabilities   |              |                          |
|     |   |              | abilities<br>t you owe   |
| 2.  | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D                  | \$           | 22,529.00                |
| 3.  | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F   | \$           | 8,500.00                 |
|     | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F   | \$           | 27,502.23                |
|     | Your total liabilities  | \$           | 58,531.23                |
| Par | 3: Summarize Your Income and Expenses   |              |                          |
| 4.  | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I   | \$           | 2,292.00                 |
| 5.  | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J   | \$           | 1,717.00                 |
| Par | 4: Answer These Questions for Administrative and Statistical Records  |              |                          |
| 6.  | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                                      | ur other sch | nedules.                 |
| 7.  | Yes What kind of debt do you have?  |              |                          |
|     | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. | a personal,  | family, or               |

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

the court with your other schedules.

## Case 18-70705 Doc 1 Filed 06/19/18 Entered 06/19/18 15:50:12 Desc Main Document Page 9 of 62

Debtor 1 Ronald Arthur Cornelius, Jr. Debtor 2 Kristi Michelle Cornelius

Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

2,565.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Post 4 on Oaks dule F/F accorded fallowing  | Total c | laim     |
|--|---------|----------|
| From Part 4 on Schedule E/F, copy the following:   |         |          |
| 9a. Domestic support obligations (Copy line 6a.)   | \$      | 0.00     |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$      | 8,500.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$      | 0.00     |
| 9d. Student loans. (Copy line 6f.)   | \$      | 0.00     |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$      | 0.00     |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$     | 0.00     |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$      | 8,500.00 |

|                | C                                      | ase 18-70705   | Doc 1 Filed 06/19/18   | B Entered 06/19/<br>Page 10 of 62                                | /18 15:50:12           | Desc         | Main   |
|----------------|--|--|--|--|------------------------|--------------|--|
| Fill in        | this info                              | rmation to identify your   |  | - I MM. IVI VII VII  |                        |              |  |
| Debto          | r 1                                    | Ronald Arthur Co   | ornelius. Jr.  |  |                        |              |  |
|                |  | First Name   | Middle Name  | Last Name  |                        |              |  |
| Debto          |  | Kristi Michelle Co   |  |  |                        |              |  |
| (Spouse        | , if filing)                           | First Name   | Middle Name  | Last Name  |                        |              |  |
| United         | States E                               | Sankruptcy Court for the:  | MIDDLE DISTRICT OF GEOR  | GIA  |                        |              |  |
| Case r         | number                                 |  |  | _  |                        |              | Check if this is an amended filing                                   |
| Offic          | cial F                                 | orm 106A/B   |  |  |                        |              | 3  |
| Sch            | nedu                                   | le A/B: Prop   | erty   |  |                        |              | 12/15  |
| hink it in     | fits best.<br>tion. If mo<br>every que | Be as complete and accuration of the space is needed, attach estion. | e items. List an asset only once. It<br>ate as possible. If two married peop<br>a separate sheet to this form. On t<br>g, Land, or Other Real Estate You C | ole are filing together, both a<br>che top of any additional pag | re equally responsible | le for suppl | ying correct   |
| 1. <b>Do y</b> | ou own oi                              | have any legal or equitable  | e interest in any residence, buildin   | g, land, or similar property?                                    |                        |              |  |
| ■ N            | o. Go to Pa                            | art 2.   |  |  |                        |              |  |
| ☐ Ye           | es. Where                              | is the property?   |  |  |                        |              |  |
| _              | <b>.</b>                               |  |  |  |                        |              |  |
| Part 2:        | Describ                                | e Your Vehicles  |  |  |                        |              |  |
|                |  |  | uitable interest in any vehicles le, also report it on Schedule G:   |  |                        | any vehic    | cles you own that  |
| 3. Car         | s, vans, t                             | trucks, tractors, sport u  | tility vehicles, motorcycles   |  |                        |              |  |
| ПΝ             | n                                      |  |  |  |                        |              |  |
| ■ Y            |  |  |  |  |                        |              |  |
| 3.1            | Make:<br>Model:                        | Chevrolet<br>Monte Carlo   | Who has an interest in t   | the property? Check one  | the amount of an       | y secured cl | s or exemptions. Put<br>laims on Schedule D:<br>Secured by Property. |
|                | Year:                                  | 2004   | Debtor 2 only  |  | Current value of       | ithe C       | Current value of the   |
|                |  |  | Debtor 1 and Debtor 2  | -  | entire property?       | , Б          | ortion you own?  |
| Г              | Other info                             | rmation:   | At least one of the del  | otors and another  |                        |              |  |
|                |  |  | Check if this is come (see instructions)   | munity property  | <b>\$1,20</b>          | 0.00         | \$1,200.00   |
| 3.2            | Make:                                  | Volkswagen   | Who has an interest in   | the property? Check one  |                        |              | s or exemptions. Put   |
|                | Model:                                 | Passat   | ☐ Debtor 1 only  |  |                        |              | laims on Schedule D:<br>Secured by Property.                         |
|                | Year:                                  | 2010   | ☐ Debtor 2 only  |  | Current value of       | the C        | Current value of the   |
|                |  |  | Debtor 1 and Debtor 2  | 2 only   | entire property?       |              | ortion you own?  |
| г              | Other info                             | rmation:   | At least one of the del  | otors and another  |                        |              |  |

Official Form 106A/B Schedule A/B: Property page 1

☐ Check if this is community property (see instructions)

\$3,950.00

\$3,950.00

Entered 06/19/18 15:50:12 Case 18-70705 Doc 1 Filed 06/19/18 Desc Main Document Page 11 of 62 Ronald Arthur Cornelius, Jr. Debtor 1 Debtor 2 Kristi Michelle Cornelius Case number (if known) Do not deduct secured claims or exemptions. Put Motorcycles 3.3 Make: Who has an interest in the property? Check one the amount of any secured claims on Schedule D: ☐ Debtor 1 only Creditors Who Have Claims Secured by Property. Model Year: Debtor 2 only Current value of the Current value of the Approximate mileage: ■ Debtor 1 and Debtor 2 only entire property? portion you own? Other information: ☐ At least one of the debtors and another 2008 Yamaha \$1,500.00 2004 \$2,500.00 \$2.500.00 Honda \$1,000.00 ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No ☐ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$7,650.00 pages you have attached for Part 2. Write that number here......>> Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware □ No Yes. Describe..... HHG \$1,500.00 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ☐ No Yes. Describe..... \$400.00 **Electronics** 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No ☐ Yes. Describe..... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment

□ No
Official Form 106A/B Schedule A/B: Property page 2

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

■ No

11. Clothes

☐ Yes. Describe.....

|  | Case 18-7070  | 05 Doc 1            | Filed 06/19/18<br>Document       | Entered 06/19/18 15:50:12<br>Page 12 of 62                          | Desc Main   |
|--|---|---------------------|----------------------------------|---|---|
| Debtor 1<br>Debtor 2                           | Ronald Arthur Co<br>Kristi Michelle Co                              |                     | Document                         | Case number (if known)  |   |
| ■ Yes.   | Describe  |                     |                                  |   |   |
|  | Clo   | thing               |                                  |   | \$500.00  |
| □ No   |   | costume jewelry.    | , engagement rings, wed          | ding rings, heirloom jewelry, watches, gems, g                      | gold, silver  |
|  | We  | dding Set / Bra     | acelet                           |   | \$500.00  |
| Exam <sub>j</sub> ■ No □ Yes.  14. Any ot ■ No | arm animals ples: Dogs, cats, birds, Describe ther personal and hou | isehold items yo    | ou did not already list, i       | ncluding any health aids you did not list                           |   |
|  |   |                     | rom Part 3, including a          | ny entries for pages you have attached                              | \$2,900.00  |
| Part 4: De                                     | escribe Your Financial As   | ssets               |                                  |   |   |
| Do you ov                                      | wn or have any legal c  | or equitable inte   | rest in any of the follow        | ing?  | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| ■ No   | ples: Money you have i  |                     |                                  | osit box, and on hand when you file your petiti                     | on  |
| 17. <b>Depos</b><br><i>Exam</i>                | its of money<br>ples: Checking, savings                             | s, or other financi |                                  | of deposit; shares in credit unions, brokerage titution, list each. | houses, and other similar   |
| □ No<br>■ Yes.                                 |   |                     | Institution n                    | name:   |   |
|  | 17  | .1. Checking        | Bank of A                        | America   | \$47.00   |
|  | 17  | .2. Savings         | Bank of A                        | America   | \$0.00  |
|  | s, mutual funds, or pul   |                     | cks<br>vith brokerage firms, mor | nev market accounts   |   |
| ■ No   |   | Institution or i    |                                  | .,  |   |
|  | ublicly traded stock a<br>venture                                   | nd interests in i   | ncorporated and uninco           | orporated businesses, including an interes                          | st in an LLC, partnership, and  |
|  | Give specific informati   | ion about them      |                                  |   |   |

Official Form 106A/B Schedule A/B: Property page 3

% of ownership:

Name of entity:

Entered 06/19/18 15:50:12 Case 18-70705 Doc 1 Filed 06/19/18 Desc Main Page 13 of 62 Document Ronald Arthur Cornelius, Jr. Debtor 1 Debtor 2 Kristi Michelle Cornelius Case number (if known) 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ■ No ☐ Yes. List each account separately. Type of account: Institution name: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others ■ No Institution name or individual: ☐ Yes. ..... 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ■ No ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ☐ Yes. Give specific information about them... Current value of the Money or property owed to you? portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ■ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

No

☐ Yes. Give specific information......

## 30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

No

☐ Yes. Give specific information...

|                      | Case 18-70705  | Doc 1                             | Filed 06/19/18<br>Document | Entered 06/19/18 15:50:12<br>Page 14 of 62             | Desc Main                  |
|----------------------|--|-----------------------------------|----------------------------|--|----------------------------|
| Debtor 1<br>Debtor 2 | Ronald Arthur Corne<br>Kristi Michelle Corne   |                                   | Boodmone                   | Case number (if known)                                 |                            |
|                      | sts in insurance policies ples: Health, disability, or life  | e insurance; l                    | health savings account (I  | HSA); credit, homeowner's, or renter's insurar         | nce                        |
| ■ Yes.               | Name the insurance compa<br>Com  | any of each p<br>pany name:       | olicy and list its value.  | Beneficiary:   | Surrender or refund value: |
|                      | <u>Terr</u>  | n Life                            |                            | Spouse   | \$0.00                     |
| If you somed         | aterest in property that is described are the beneficiary of a living one has died.  Give specific information |                                   |                            | ed<br>surance policy, or are currently entitled to rec | eive property because      |
| Exam<br>■ No         | s against third parties, who ples: Accidents, employmen Describe each claim                                    |                                   |                            | it or made a demand for payment to sue                 |                            |
| ■ No                 | contingent and unliquidate  Describe each claim  | ed claims of                      | f every nature, including  | g counterclaims of the debtor and rights to            | set off claims             |
| ■ No                 | nancial assets you did not Give specific information   | already list                      |                            |  |                            |
|                      |  |                                   |                            | ny entries for pages you have attached                 | \$47.00                    |
| Part 5: De           | escribe Any Business-Related   | Property You                      | Own or Have an Interest I  | n. List any real estate in Part 1.                     |                            |
| _ `                  | own or have any legal or equi  | table interest                    | in any business-related p  | roperty?   |                            |
|                      | o to Part 6.<br>Go to line 38.   |                                   |                            |  |                            |
|                      | escribe Any Farm- and Comme<br>you own or have an interest in fa   |                                   |                            | n or Have an Interest In.                              |                            |
| ■ No.                | . Go to Part 7.<br>s. Go to line 47.   |                                   | ·                          | commercial fishing-related property?                   |                            |
| Exam<br>■ No         | u have other property of an aples: Season tickets, country Give specific information                           | <b>ny kind you</b><br>y club memb | did not already list?      | I Not List Above                                       |                            |

Official Form 106A/B Schedule A/B: Property page 5

54. Add the dollar value of all of your entries from Part 7. Write that number here ......

\$0.00

Case 18-70705 Doc 1 Filed 06/19/18 Entered 06/19/18 15:50:12 Desc Main Document Page 15 of 62

Debtor 1 Ronald Arthur Cornelius, Jr. Document Page 1

Debtor 2 Kristi Michelle Cornelius Case number (if known)

Part 8: List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 ...... \$0.00 56. Part 2: Total vehicles, line 5 \$7,650.00 Part 3: Total personal and household items, line 15 57. \$2,900.00 Part 4: Total financial assets, line 36 58. \$47.00 Part 5: Total business-related property, line 45 59. \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 \$0.00 Total personal property. Add lines 56 through 61... Copy personal property total \$10,597.00 \$10,597.00 63. Total of all property on Schedule A/B. Add line 55 + line 62 \$10,597.00

Official Form 106A/B Schedule A/B: Property page 6

Case 18-70705 Doc 1 Filed 06/19/18 Entered 06/19/18 15:50:12 Desc Main

|                     |                          | 17/1/11/11         |           |                       |
|---------------------|--------------------------|--------------------|-----------|-----------------------|
| Fill in this infor  | mation to identify your  | case:              |           |                       |
| Debtor 1            | Ronald Arthur Co         | ornelius, Jr.      |           |                       |
|                     | First Name               | Middle Name        | Last Name |                       |
| Debtor 2            | Kristi Michelle Co       | ornelius           |           |                       |
| (Spouse if, filing) | First Name               | Middle Name        | Last Name |                       |
| United States Ba    | ankruptcy Court for the: | MIDDLE DISTRICT OF | GEORGIA   |                       |
| Case number         |                          |                    |           |                       |
| (if known)          |                          |                    |           | ☐ Check if this is ar |
|                     |                          |                    |           | amended filing        |

## Official Form 106C

## Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| •                                    |            |   |  |
|--------------------------------------|------------|---|--|
| Current value of the portion you own | Amo        | ount of the exemption you claim   | Specific laws that allow exemption   |
| Copy the value from Schedule A/B     | Che        | ck only one box for each exemption.   |  |
| \$1,200.00                           | -          | \$1,200.00  | O.C.G.A. § 44-13-100(a)(3)   |
|                                      |            | 100% of fair market value, up to any applicable statutory limit   |  |
| \$3,950.00                           |            | \$3,950.00  | O.C.G.A. § 44-13-100(a)(3)   |
|                                      |            | 100% of fair market value, up to any applicable statutory limit   |  |
| \$2,500.00                           | •          | \$0.00  | O.C.G.A. § 44-13-100(a)(3)   |
|                                      |            | 100% of fair market value, up to any applicable statutory limit   |  |
| \$1,500.00                           | •          | \$1,500.00  | O.C.G.A. § 44-13-100(a)(4)   |
|                                      |            | 100% of fair market value, up to any applicable statutory limit   |  |
| \$400.00                             |            | \$400.00  | O.C.G.A. § 44-13-100(a)(4)   |
|                                      |            | 100% of fair market value, up to any applicable statutory limit   |  |
|                                      | \$1,500.00 | \$1,500.00 \$1,500 | \$1,200.00  \$1,200.00  \$1,200.00  \$1,200.00  \$1,200.00  \$1,00% of fair market value, up to any applicable statutory limit  \$2,500.00  \$1,00% of fair market value, up to any applicable statutory limit  \$2,500.00  \$1,00% of fair market value, up to any applicable statutory limit  \$1,500.00  \$1,500.00  \$1,500.00  \$1,500.00  \$1,500.00  \$400.00  \$400.00  \$1,00% of fair market value, up to any applicable statutory limit |

Case 18-70705 Doc 1 Filed 06/19/18 Entered 06/19/18 15:50:12 Desc Main Document Page 17 of 62

Kristi Michelle Cornelius Case number (if known) Debtor 2 Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B Clothing O.C.G.A. § 44-13-100(a)(4) \$500.00 \$500.00 Line from Schedule A/B: 11.1 100% of fair market value, up to any applicable statutory limit Wedding Set / Bracelet O.C.G.A. § 44-13-100(a)(5) \$500.00 \$0.00 Line from Schedule A/B: 12.1 100% of fair market value, up to any applicable statutory limit **Checking: Bank of America** O.C.G.A. § 44-13-100(a)(6) \$47.00 \$47.00 Line from Schedule A/B: 17.1 100% of fair market value, up to any applicable statutory limit Savings: Bank of America O.C.G.A. § 44-13-100(a)(6) \$0.00 \$0.00 Line from Schedule A/B: 17.2 100% of fair market value, up to any applicable statutory limit **Term Life** O.C.G.A. § 33-27-7 \$0.00 \$0.00 **Beneficiary: Spouse** Line from Schedule A/B: 31.1 100% of fair market value, up to any applicable statutory limit 3. Are you claiming a homestead exemption of more than \$160,375? (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.) Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? No

Yes

Ronald Arthur Cornelius, Jr.

Debtor 1

Case 18-70705 Doc 1 Filed 06/19/18 Entered 06/19/18 15:50:12 Desc Main

|   |                           | Document                                    | Page 1          | 8 of 62                            |                          |                          |
|---|---------------------------|---|-----------------|------------------------------------|--------------------------|--------------------------|
| Fill in this informa                        | tion to identify you      | r case:                                     |                 |                                    |                          |                          |
| Debtor 1                                    | Ronald Arthur C           | Cornolius Ir                                |                 |                                    |                          |                          |
| Debior 1                                    | First Name                | Middle Name                                 | Last Name       |                                    |                          |                          |
| Debtor 2                                    | Kristi Michelle C         | Cornelius                                   |                 |                                    |                          |                          |
| (Spouse if, filing)                         | First Name                | Middle Name                                 | Last Name       |                                    |                          |                          |
|   |                           | MIDDLE DIOTRICT OF OFOR                     | .014            |                                    |                          |                          |
| United States Bank                          | ruptcy Court for the:     | MIDDLE DISTRICT OF GEOR                     | GIA             |                                    |                          |                          |
| Case number                                 |                           |   |                 |                                    |                          |                          |
| (if known)                                  |                           |   |                 |                                    | ☐ Check                  | if this is an            |
|   |                           |   |                 |                                    |                          | led filing               |
|   |                           |   |                 |                                    |                          | .oug                     |
| Official Form                               | 106D                      |   |                 |                                    |                          |                          |
|   |                           | Who Hove Claims                             | Cooura          | d by Dranarty                      | ē                        | 40/45                    |
| Schedule D                                  | : Creditors               | Who Have Claims                             | Secure          | a by Property                      | <u>/</u>                 | 12/15                    |
|   |                           | f two married people are filing togeth      |                 |                                    |                          |                          |
| is needed, copy the A<br>number (if known). | dditional Page, fill it d | out, number the entries, and attach it      | to this form.   | On the top of any addition         | ai pages, write your nai | ne and case              |
| 1. Do any creditors ha                      | eve claims secured by     | vour property?                              |                 |                                    |                          |                          |
|   | -                         |   | r oob oduloo '  | Vari hava nathina alaa ta          | ranart on this form      |                          |
| ino. Check tr                               | nis dox and submit tr     | nis form to the court with your other       | schedules.      | You have nothing else to           | report on this form.     |                          |
| Yes. Fill in al                             | II of the information b   | pelow.                                      |                 |                                    |                          |                          |
| Part 1: List All S                          | Secured Claims            |   |                 |                                    |                          |                          |
| <u> </u>                                    | ims If a creditor has n   | nore than one secured claim, list the cre   | aditor canarate | Column A                           | Column B                 | Column C                 |
|   |                           | a particular claim, list the other creditor |                 |                                    | Value of collateral      | Unsecured                |
| much as possible, list                      | the claims in alphabetic  | cal order according to the creditor's name  | ne.             | Do not deduct the                  | that supports this       | portion                  |
| 2.1 Badcock Fu                              | ırniture                  | Describe the property that secures          | the claim:      | value of collateral.<br>\$1,404.00 | s250.00                  | If any <b>\$1,154.00</b> |
| Creditor's Name                             | - Intuit                  | HHG   |                 | Ψ1,+04.00                          | Ψ230.00                  | Ψ1,104.00                |
|   |                           | 11110                                       |                 |                                    |                          |                          |
|   |                           |   |                 |                                    |                          |                          |
| PO Box 232                                  |                           | As of the date you file, the claim is:      | Check all that  |                                    |                          |                          |
|   | L 33860-0232              | apply.<br>☐ Contingent                      |                 |                                    |                          |                          |
|   | ity, State & Zip Code     | ☐ Unliquidated                              |                 |                                    |                          |                          |
|   | .,, с с. —р стас          | ☐ Disputed                                  |                 |                                    |                          |                          |
| Who owes the debt                           | ? Check one.              | Nature of lien. Check all that apply.       |                 |                                    |                          |                          |
| Debtor 1 only                               |                           | ☐ An agreement you made (such as            | mortgage or s   | ecured                             |                          |                          |
| Debtor 2 only                               |                           | car loan)                                   | origago or o    | 004.04                             |                          |                          |
| ■ Debtor 1 and Debte                        | or 2 only                 | ☐ Statutory lien (such as tax lien, me      | chanic's lien)  |                                    |                          |                          |
| ☐ At least one of the                       | •                         | ☐ Judgment lien from a lawsuit              | ,               |                                    |                          |                          |
| ☐ Check if this clair                       |                           | ☐ Other (including a right to offset)       |                 |                                    |                          |                          |
| community debt                              |                           | Other (including a right to offset)         |                 |                                    |                          |                          |
| -   |                           |   |                 |                                    |                          |                          |
| Date debt was incurr                        | ed                        | Last 4 digits of account num                | ber             |                                    |                          |                          |
| 2.2 Mariner Fina                            | ance                      | Describe the property that secures          | the claim:      | \$8,225.00                         | \$2,500.00               | \$5,725.00               |
| Creditor's Name                             | ance                      |   | the Claim.      | φο,223.00                          | Ψ2,300.00                | φ3,723.00                |
| Ground Griamo                               |                           | Motorcycles<br>2008 Yamaha \$1,500.00 200   | 4 Honda         |                                    |                          |                          |
|   | <b>.</b> ".               | \$1,000.00                                  | 4 Honda         |                                    |                          |                          |
| •   | oneer Credit              | As of the date you file, the claim is:      | Check all that  |                                    |                          |                          |
| 120 W. Hill A                               |                           | apply.                                      |                 |                                    |                          |                          |
| Valdosta, G                                 |                           | Contingent                                  |                 |                                    |                          |                          |
| Number, Street, Ci                          | ity, State & Zip Code     | Unliquidated                                |                 |                                    |                          |                          |
| Who owes the debt                           | 2 Chask and               | Disputed                                    |                 |                                    |                          |                          |
|   | ? Check one.              | Nature of lien. Check all that apply.       |                 |                                    |                          |                          |
| Debtor 1 only                               |                           | ☐ An agreement you made (such as            | mortgage or se  | ecured                             |                          |                          |
| Debtor 2 only                               |                           | car loan)                                   |                 |                                    |                          |                          |
| Debtor 1 and Debt                           | or 2 only                 | ☐ Statutory lien (such as tax lien, me      | chanic's lien)  |                                    |                          |                          |
| At least one of the                         |                           | ☐ Judgment lien from a lawsuit              |                 |                                    |                          |                          |
| ☐ Check if this clair                       |                           | ☐ Other (including a right to offset)       |                 |                                    |                          |                          |
| community debt                              |                           |   |                 |                                    |                          |                          |
| Date debt was incurr                        | red                       | Last 4 digits of account num                | ıber            |                                    |                          |                          |

Official Form 106D

# Case 18-70705 Doc 1 Filed 06/19/18 Entered 06/19/18 15:50:12 Desc Main Document Page 19 of 62

| Debtor 1 Ronald Arthur Corneliu   | Case number (if know)   |            |          |            |
|---|---|------------|----------|------------|
| First Name Middle N Debtor 2 Kristi Michelle Corneliu                       |   |            |          |            |
| First Name Middle N   |   |            |          |            |
| 2.3 Mariner Finance   | Describe the property that secures the claim:                       | ¢5 000 00  | \$0.00   | ¢5 000 00  |
| 2.3 Mariner Finance Creditor's Name   | HHG   | \$5,000.00 | φυ.υυ    | \$5,000.00 |
|   |   |            |          |            |
| Formerly Pioneer Credit   | As of the date you file, the claim is: Check all that               |            |          |            |
| 120 W. Hill Ave   | apply.  |            |          |            |
| Valdosta, GA 31601  | ☐ Contingent  |            |          |            |
| Number, Street, City, State & Zip Code                                      | ☐ Unliquidated ☐ Disputed   |            |          |            |
| Who owes the debt? Check one.   | Nature of lien. Check all that apply.                               |            |          |            |
| ☐ Debtor 1 only   | ☐ An agreement you made (such as mortgage or se                     | ecured     |          |            |
| ☐ Debtor 2 only   | car loan)   |            |          |            |
| ■ Debtor 1 and Debtor 2 only  | ☐ Statutory lien (such as tax lien, mechanic's lien)                |            |          |            |
| At least one of the debtors and another                                     | ☐ Judgment lien from a lawsuit                                      |            |          |            |
| ☐ Check if this claim relates to a community debt                           | Other (including a right to offset)                                 |            |          |            |
| ·   | Last 4 digits of account number                                     |            |          |            |
| Date debt was incurred  | Last 4 digits of account number                                     |            |          |            |
| 2.4 Quantum3 Group LLC  | Describe the property that secures the claim:                       | \$2,400.00 | \$500.00 | \$1,900.00 |
| Creditor's Name   | Wedding Set / Bracelet  |            |          |            |
| as agent for Kay  |   |            |          |            |
| Jewelers<br>P.O. Box 788  | As of the date you file, the claim is: Check all that               |            |          |            |
| Kirkland, WA 98083  | apply.  ☐ Contingent  |            |          |            |
| Number, Street, City, State & Zip Code                                      | ☐ Unliquidated  |            |          |            |
|   | ☐ Disputed  |            |          |            |
| Who owes the debt? Check one.   | Nature of lien. Check all that apply.                               |            |          |            |
| Debtor 1 only   | An agreement you made (such as mortgage or so                       | ecured     |          |            |
| Debtor 2 only   | car loan)   |            |          |            |
| Debtor 1 and Debtor 2 only  | ☐ Statutory lien (such as tax lien, mechanic's lien)                |            |          |            |
| ☐ At least one of the debtors and another☐ Check if this claim relates to a | ☐ Judgment lien from a lawsuit☐ Other (including a right to offset) |            |          |            |
| community debt  | — Unler (including a right to onset)                                |            |          | _          |
| Date debt was incurred  | Last 4 digits of account number                                     |            |          |            |
|   |   |            |          |            |
| 2.5 Springleaf Financial Services   | Describe the property that secures the claim:                       | \$5,500.00 | \$0.00   | \$5,500.00 |
| Creditor's Name   | HHG   |            |          | 40,000.00  |
|   |   |            |          |            |
|   | As of the date you file, the claim is: Check all that               |            |          |            |
| 2910 N. Ashley St., Ste. I  | apply.  |            |          |            |
| Valdosta, GA 31602  | Contingent  |            |          |            |
| Number, Street, City, State & Zip Code                                      | ☐ Unliquidated☐ Disputed  |            |          |            |
| Who owes the debt? Check one.   | Nature of lien. Check all that apply.                               |            |          |            |
| ☐ Debtor 1 only   | ☐ An agreement you made (such as mortgage or se                     | ecured     |          |            |
| ☐ Debtor 2 only   | car loan)   |            |          |            |
| Debtor 1 and Debtor 2 only  | Statutory lien (such as tax lien, mechanic's lien)                  |            |          |            |
| At least one of the debtors and another                                     | ☐ Judgment lien from a lawsuit                                      |            |          |            |
| ☐ Check if this claim relates to a community debt                           | ☐ Other (including a right to offset)                               |            |          |            |
| Date debt was incurred  | Last 4 digits of account number                                     |            |          |            |
|   |   |            |          |            |

## Case 18-70705 Doc 1 Filed 06/19/18 Entered 06/19/18 15:50:12 Desc Main Document Page 20 of 62

| Debtor 1 | Ronald Arthur                            | Cornelius, Jr.         |                                    | Case number (if know) |   |
|----------|--|------------------------|------------------------------------|-----------------------|---|
|          | First Name                               | Middle Name            | Last Name                          |                       |   |
| Debtor 2 | Kristi Michelle                          | Cornelius              |                                    |                       |   |
|          | First Name                               | Middle Name            | Last Name                          |                       |   |
|          |  |                        |                                    |                       | 1 |
| Add the  | dollar value of your e                   | entries in Column A on | this page. Write that number here: | \$22,529.00           |   |
|          | the last page of your<br>at number here: | form, add the dollar v | alue totals from all pages.        | \$22,529.00           |   |

### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Case 18-70705 Doc 1 Filed 06/19/18 Entered 06/19/18 15:50:12 Desc Main

|                                     |   | Document  | Page 21 of   | 62                       |                 |           |                 |          |
|-------------------------------------|---|---|--|--------------------------|-----------------|-----------|-----------------|----------|
| Fill in this info                   | rmation to identify your case:  |   |  |                          |                 |           |                 |          |
| Debtor 1                            | Ronald Arthur Corneliu  | ıs, Jr.   |  |                          |                 |           |                 |          |
|                                     |   | Middle Name   | Last Name  |                          |                 |           |                 |          |
| Debtor 2                            | Kristi Michelle Corneliu  |   |  |                          |                 |           |                 |          |
| (Spouse if, filing)                 | First Name  | Middle Name   | Last Name  |                          |                 |           |                 |          |
| United States B                     | ankruptcy Court for the: MIDE   | DLE DISTRICT OF GEOF  | RGIA   |                          |                 |           |                 |          |
| Case number                         |   |   |  |                          |                 |           |                 |          |
| (if known)                          |   |   |  |                          |                 | Check     | if this is a    | n        |
|                                     |   |   |  |                          |                 | amend     | ed filing       |          |
| Official For                        | m 106E/E  |   |  |                          |                 |           |                 |          |
| Official For                        |   | lava Umaaavirad   | l Claima   |                          |                 |           | 40/4            | <b>-</b> |
|                                     | E/F: Creditors Who F  |   |  |                          |                 |           | 12/1            |          |
| eft. Attach the Co                  | itors Who Have Claims Secured by<br>ontinuation Page to this page. If you<br>umber (if known).  |   |  |                          |                 |           |                 |          |
| Part 1: List                        | All of Your PRIORITY Unsecure   | ed Claims   |  |                          |                 |           |                 |          |
| 1. Do any credi                     | tors have priority unsecured claim  | s against you?  |  |                          |                 |           |                 |          |
| ☐ No. Go to                         | Part 2.   |   |  |                          |                 |           |                 |          |
| Yes.                                |   |   |  |                          |                 |           |                 |          |
| identify what t<br>possible, list t | ur priority unsecured claims. If a cr<br>type of claim it is. If a claim has both p<br>he claims in alphabetical order accord<br>than one creditor holds a particular | oriority and nonpriority amounding to the creditor's name. It | nts, list that claim here a<br>f you have more than tw | and show both priority a | nd nonpriori    | ty amount | s. As much      | as       |
| (For an explai                      | nation of each type of claim, see the i   | nstructions for this form in th                               | ne instruction booklet.)                               |                          |                 |           |                 |          |
|                                     | ,   |   | ,  | Total claim              | Priority amount |           | Nonprior amount | ity      |
| 2.1 Child S                         | Support Enforcement   | Last 4 digits of accou  | unt number   | \$0.00                   |                 | \$0.00    |                 | \$0.00   |
| •                                   | Creditor's Name   |   |  |                          |                 |           |                 |          |
| 111B S<br>Ste 20                    | S. Patterson St   | When was the debt in  | ncurrea?   |                          | -               |           |                 |          |
|                                     | sta, GA 31601   |   |  |                          |                 |           |                 |          |
| Number                              | Street City State Zlp Code  | As of the date you file                                       | e, the claim is: Check                                 | all that apply           |                 |           |                 |          |
| _                                   | ed the debt? Check one.   | ☐ Contingent  |  |                          |                 |           |                 |          |
| Debtor 1                            | only  | ☐ Unliquidated  |  |                          |                 |           |                 |          |
| Debtor 2                            | only  | ☐ Disputed  |  |                          |                 |           |                 |          |
| Debtor 1                            | and Debtor 2 only   | Type of PRIORITY un   | nsecured claim:  |                          |                 |           |                 |          |
| ☐ At least of                       | one of the debtors and another  | ■ Domestic support of   | obligations  |                          |                 |           |                 |          |
| ☐ Check if                          | this claim is for a community deb   | t  Taxes and certain  | other debts you owe the                                | e government             |                 |           |                 |          |
| Is the claim                        | subject to offset?  |   | r personal injury while yo                             | •                        |                 |           |                 |          |
| ■ No                                |   | ☐ Other. Specify  |  |                          |                 |           |                 |          |
| ☐ Yes                               |   |   | rrears only (\$17.0                                    | 000.00) - no ongo        | ina supp        | ort       |                 |          |

Case 18-70705 Doc 1 Filed 06/19/18 Entered 06/19/18 15:50:12 Desc Main

Page 22 of 62 Document Debtor 1 Ronald Arthur Cornelius, Jr. Debtor 2 Kristi Michelle Cornelius Case number (if know) 2.2 **Christina Restauri** \$0.00 \$0.00 Last 4 digits of account number \$0.00 Priority Creditor's Name Address unknown - No contact When was the debt incurred? with her Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Type of PRIORITY unsecured claim: ■ Debtor 1 and Debtor 2 only ■ Domestic support obligations ☐ At least one of the debtors and another ☐ Taxes and certain other debts you owe the government ☐ Check if this claim is for a community debt  $\hfill\square$  Claims for death or personal injury while you were intoxicated Is the claim subject to offset? ■ No Other. Specify ☐ Yes 2.3 Georgia Department of Revenue \$0.00 \$0.00 Last 4 digits of account number \$0.00 Priority Creditor's Name 1800 Century Blvd. NE Suite 1175 When was the debt incurred? Atlanta, GA 30345-3218 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ☐ Contingent Debtor 1 only ☐ Unliquidated Debtor 2 only ☐ Disputed ■ Debtor 1 and Debtor 2 only Type of PRIORITY unsecured claim: ☐ Domestic support obligations ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Taxes and certain other debts you owe the government  $\hfill\square$  Claims for death or personal injury while you were intoxicated Is the claim subject to offset? ■ No ☐ Other. Specify ☐ Yes notice 2.4 \$8,500.00 **Internal Revenue Service** Last 4 digits of account number \$4,700.00 \$3,800.00 Priority Creditor's Name **Centralized Insolvency** When was the debt incurred? **Operations** P.O. Box 7346 Philadelphia, PA 19101-7346 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ☐ Contingent ☐ Debtor 1 only ☐ Unliquidated Debtor 2 only ☐ Disputed ■ Debtor 1 and Debtor 2 only Type of PRIORITY unsecured claim: ☐ Domestic support obligations ☐ At least one of the debtors and another

■ No

☐ Yes

Other. Specify

Taxes and certain other debts you owe the government

**Taxes** 

☐ Claims for death or personal injury while you were intoxicated

☐ Check if this claim is for a community debt

Is the claim subject to offset?

Case 18-70705 Doc 1 Filed 06/19/18 Entered 06/19/18 15:50:12 Desc Main Document Page 23 of 62

| Debtor 2 Kristi N   | Michelle Cornelius   | Case number (if know)  |  |                       |
|---|--|--|--|-----------------------|
| State of F<br>Unit<br>Priority Cred   | Florida Disbursement   | Last 4 digits of account number\$0.00  | \$0.00   | \$0.00                |
| Unit 8800<br>P.O. Box   | 06189CA50  | When was the debt incurred?  |  |                       |
|   | eet City State Zlp Code  | As of the date you file, the claim is: Check all that apply  |  |                       |
| Who incurred t  | he debt? Check one.  | ☐ Contingent   |  |                       |
| Debtor 1 onl  | у  | ☐ Unliquidated   |  |                       |
| Debtor 2 onl  | у  | ☐ Disputed   |  |                       |
| ■ Debtor 1 and  | d Debtor 2 only  | Type of PRIORITY unsecured claim:  |  |                       |
| ☐ At least one  | of the debtors and another   | Domestic support obligations   |  |                       |
|   | s claim is for a community debt bject to offset?   | ☐ Taxes and certain other debts you owe the government ☐ Claims for death or personal injury while you were intoxicated  |  |                       |
| ■ No  |  | ☐ Other. Specify   |  |                       |
| _   |  | Notice - Arrears paid through plan   |  |                       |
| 3. Do any creditors  No. You have   | of Your NONPRIORITY Unsecus have nonpriority unsecured claim nothing to report in this part. Submit to   |  |  |                       |
| Part 2: List All a  3. Do any creditors  No. You have  Yes.  4. List all of your n unsecured claim,   | s have nonpriority unsecured claim<br>nothing to report in this part. Submit to<br>conpriority unsecured claims in the<br>list the creditor separately for each cl   | s against you?   | included in Part                                   | 1. If more<br>Page of |
| Part 2: List All a  3. Do any creditors  No. You have  Yes.  4. List all of your n unsecured claim, than one creditor   | nothing to report in this part. Submit to nonpriority unsecured claims in the list the creditor separately for each cl holds a particular claim, list the other  | s against you?  this form to the court with your other schedules.  alphabetical order of the creditor who holds each claim. If a creditor has more to aim. For each claim listed, identify what type of claim it is. Do not list claims already it   | included in Part<br>he Continuation<br>Total claim | 1. If more<br>Page of |
| Part 2: List All a  3. Do any creditors  No. You have  Yes.  4. List all of your n unsecured claim, than one creditor Part 2.  4.1 Capital O Nonpriority O PO Box 8 Richmon Number Streen   | nothing to report in this part. Submit to compriority unsecured claims in the list the creditor separately for each claims a particular claim, list the other creditor's Name 15520 d, VA 23285 set City State Zlp Code  | this form to the court with your other schedules.  alphabetical order of the creditor who holds each claim. If a creditor has more taim. For each claim listed, identify what type of claim it is. Do not list claims already is creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the   | included in Part<br>he Continuation<br>Total claim | 1. If more<br>Page of |
| Part 2: List All a  3. Do any creditors  No. You have  Yes.  4. List all of your n unsecured claim, than one creditor Part 2.  4.1 Capital O Nonpriority O PO Box 8 Richmon Number Streen   | nothing to report in this part. Submit to nonpriority unsecured claims in the list the creditor separately for each claims a particular claim, list the other creditor's Name 85520 d, VA 23285 et City State Zlp Code ed the debt? Check one.   | this form to the court with your other schedules.  alphabetical order of the creditor who holds each claim. If a creditor has more that aim. For each claim listed, identify what type of claim it is. Do not list claims already is creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Last 4 digits of account number  When was the debt incurred?  As of the date you file, the claim is: Check all that apply   | included in Part<br>he Continuation<br>Total claim | 1. If more<br>Page of |
| Part 2: List All a  3. Do any creditors  No. You have  Yes.  4. List all of your n unsecured claim, than one creditor Part 2.  4.1 Capital O Nonpriority O PO Box 8 Richmon Number Stre Who incurre   | nothing to report in this part. Submit to conpriority unsecured claims in the list the creditor separately for each claims a particular claim, list the other creditor's Name 15520 d, VA 23285 tet City State Zlp Code and the debt? Check one.   | this form to the court with your other schedules.  alphabetical order of the creditor who holds each claim. If a creditor has more that aim. For each claim listed, identify what type of claim it is. Do not list claims already is creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Last 4 digits of account number 3256  When was the debt incurred?  As of the date you file, the claim is: Check all that apply  Contingent  | included in Part<br>he Continuation<br>Total claim | 1. If more<br>Page of |
| Part 2: List All a  3. Do any creditors  No. You have  Yes.  4. List all of your n unsecured claim, than one creditor Part 2.  4.1 Capital O Nonpriority of PO Box 8 Richmon Number Stre Who incurre  Debtor 1  Debtor 2                              | nothing to report in this part. Submit to conpriority unsecured claims in the list the creditor separately for each claims a particular claim, list the other creditor's Name creditor's Name creditor's Name creditor's Value of the debt? Check one.   | this form to the court with your other schedules.  alphabetical order of the creditor who holds each claim. If a creditor has more that aim. For each claim listed, identify what type of claim it is. Do not list claims already is creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Last 4 digits of account number  When was the debt incurred?  As of the date you file, the claim is: Check all that apply  Contingent  Unliquidated   | included in Part<br>he Continuation<br>Total claim | 1. If more<br>Page of |
| Part 2: List All a  3. Do any creditors  No. You have  Yes.  4. List all of your n unsecured claim, than one creditor Part 2.  4.1 Capital O Nonpriority O PO Box 8 Richmon Number Stre Who incurre  Debtor 1 Debtor 2 Debtor 1                       | nothing to report in this part. Submit to nonpriority unsecured claims in the list the creditor separately for each claims a particular claim, list the other creditor's Name 35520 d, VA 23285 et City State Zlp Code ed the debt? Check one. only only and Debtor 2 only   | this form to the court with your other schedules.  alphabetical order of the creditor who holds each claim. If a creditor has more that aim. For each claim listed, identify what type of claim it is. Do not list claims already is creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Last 4 digits of account number 3256  When was the debt incurred?  As of the date you file, the claim is: Check all that apply  Contingent  | included in Part<br>he Continuation<br>Total claim | 1. If more<br>Page of |
| Part 2: List All a  3. Do any creditors  No. You have  Yes.  4. List all of your nusecured claim, than one creditor Part 2.  4.1 Capital O  Nonpriority O  PO Box 8  Richmon  Number Stre  Who incurre  Debtor 1  Debtor 1  At least of               | nothing to report in this part. Submit to compriority unsecured claims in the list the creditor separately for each claims a particular claim, list the other creditor's Name (S520)  d, VA 23285  tet City State Zlp Code (and the debt? Check one.)  only only and Debtor 2 only one of the debtors and another  | this form to the court with your other schedules.  alphabetical order of the creditor who holds each claim. If a creditor has more that aim. For each claim listed, identify what type of claim it is. Do not list claims already is creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Last 4 digits of account number    Last 4 digits of account number   3256     When was the debt incurred?     As of the date you file, the claim is: Check all that apply     Contingent   Unliquidated     Disputed  | included in Part<br>he Continuation<br>Total claim | 1. If more<br>Page of |
| Part 2: List All a  3. Do any creditors  No. You have  Yes.  4. List all of your nusecured claim, than one creditor Part 2.  4.1 Capital O  Nonpriority O  PO Box 8  Richmon  Number Stre  Who incurre  Debtor 1  Debtor 1  At least of Check if debt | nothing to report in this part. Submit to nonpriority unsecured claims in the list the creditor separately for each claims a particular claim, list the other creditor's Name 35520 d, VA 23285 et City State Zlp Code ed the debt? Check one. only only and Debtor 2 only   | this form to the court with your other schedules.  alphabetical order of the creditor who holds each claim. If a creditor has more to aim. For each claim listed, identify what type of claim it is. Do not list claims already is creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the second claim is account number.  Last 4 digits of account number.  But 4 digits of account number.  As of the date you file, the claim is: Check all that apply.  Contingent.  Unliquidated.  Disputed.  Type of NONPRIORITY unsecured claim:   | included in Part the Continuation  Total claim     | 1. If more<br>Page of |
| Part 2: List All a  3. Do any creditors  No. You have  Yes.  4. List all of your nusecured claim, than one creditor Part 2.  4.1 Capital O  Nonpriority O  PO Box 8  Richmon  Number Stre  Who incurre  Debtor 1  Debtor 1  At least of Check if debt | nothing to report in this part. Submit to compriority unsecured claims in the list the creditor separately for each claims a particular claim, list the other creditor's Name (S5520) d. VA 23285 (See City State Zlp Code (S | this form to the court with your other schedules.  alphabetical order of the creditor who holds each claim. If a creditor has more that aim. For each claim listed, identify what type of claim it is. Do not list claims already is creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the last 4 digits of account number   3256    When was the debt incurred?  As of the date you file, the claim is: Check all that apply   Contingent   Unliquidated   Disputed   Type of NONPRIORITY unsecured claim:   Student loans   Obligations arising out of a separation agreement or divorce that you did not the last subject of the court o | included in Part the Continuation  Total claim     | 1. If more<br>Page of |

Case 18-70705 Doc 1 Filed 06/19/18 Entered 06/19/18 15:50:12 Desc Main Document Page 24 of 62

|   | Ronald Arthur Cornelius, Jr. Kristi Michelle Cornelius                         | Case number (if know)   |          |
|---|--|---|----------|
|   | Capital One  | Last 4 digits of account number 3124  | \$218.00 |
| I | Nonpriority Creditor's Name<br>P.O. Box 30285<br>Salt Lake City, UT 84130-0285 | When was the debt incurred?   |          |
| 1 | Number Street City State Zlp Code  Who incurred the debt? Check one.           | As of the date you file, the claim is: Check all that apply   |          |
| ı | Debtor 1 only  | ☐ Contingent  |          |
| ı | Debtor 2 only  | ☐ Unliquidated  |          |
| I | Debtor 1 and Debtor 2 only   | □ Disputed  |          |
| ı | ☐ At least one of the debtors and another                                      | Type of NONPRIORITY unsecured claim:  |          |
|   | ☐ Check if this claim is for a community                                       | ☐ Student loans   |          |
| ( | debt<br>s the claim subject to offset?   | $\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |          |
| I | No   | lacktriangle Debts to pension or profit-sharing plans, and other similar debts                                    |          |
| I | Yes  | ■ Other. Specify Charge   |          |
|   | Capital One Nonpriority Creditor's Name  | Last 4 digits of account number   | \$381.94 |
| ı | PO Box 71083<br>Charlotte, NC 28272-1083                                       | When was the debt incurred?   |          |
| 1 | Number Street City State Zlp Code  | As of the date you file, the claim is: Check all that apply   |          |
| _ | Who incurred the debt? Check one.  |   |          |
|   | Debtor 1 only  | ☐ Contingent  |          |
|   | Debtor 2 only  | ☐ Unliquidated  |          |
|   | Debtor 1 and Debtor 2 only   | Disputed  |          |
| l | At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |          |
|   | Check if this claim is for a community   | ☐ Student loans   |          |
|   | debt<br>s the claim subject to offset?   | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims         |          |
|   | ■ No   | Debts to pension or profit-sharing plans, and other similar debts   |          |
| I | ☐ Yes  | Other. Specify Charge   |          |
|   | Capital One  | Last 4 digits of account number 2487  | \$634.00 |
| I | Nonpriority Creditor's Name<br>PO Box 85520<br>Richmond, VA 23285              | When was the debt incurred?   |          |
| 1 | Number Street City State Zlp Code  Who incurred the debt? Check one.           | As of the date you file, the claim is: Check all that apply   |          |
| ı | Debtor 1 only  | ☐ Contingent  |          |
| ı | Debtor 2 only  | ☐ Unliquidated  |          |
| 1 | Debtor 1 and Debtor 2 only   | □ Disputed  |          |
|   | ☐ At least one of the debtors and another                                      | Type of NONPRIORITY unsecured claim:  |          |
|   | ☐ Check if this claim is for a community                                       | ☐ Student loans   |          |
| ( | debt s the claim subject to offset?  | $\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |          |
| İ | No   | $\square$ Debts to pension or profit-sharing plans, and other similar debts                                       |          |
| ı | ☐ Yes  | Other. Specify Charge   |          |

Case 18-70705 Doc 1 Filed 06/19/18 Entered 06/19/18 15:50:12 Desc Main Document Page 25 of 62

Debtor 1 Ronald Arthur Cornelius, Jr.

| Debt | or 2 Kristi Michelle Cornelius                                       | Case number (if know)   |            |
|------|--|---|------------|
| 4.5  | CB/Wayfair   | Last 4 digits of account number 1015  | \$1.00     |
|      | Nonpriority Creditor's Name PO Box 182789                            | When was the debt incurred?   |            |
|      | Columbus, OH 43218  Number Street City State Zlp Code                | As of the date you file, the claim is: Check all that apply   |            |
|      | Who incurred the debt? Check one.                                    |   |            |
|      | Debtor 1 only  | ☐ Contingent  |            |
|      | ☐ Debtor 2 only  | ☐ Unliquidated  |            |
|      | ■ Debtor 1 and Debtor 2 only   | ☐ Disputed  |            |
|      | ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured claim:  |            |
|      | ☐ Check if this claim is for a community                             | ☐ Student loans   |            |
|      | debt Is the claim subject to offset?                                 | Obligations arising out of a separation agreement or divorce that you did not report as priority claims   |            |
|      | ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |            |
|      | Yes  | Other. Specify Charge   |            |
| 4.6  | CBA  | Last 4 digits of account number 7264  | \$1,070.00 |
|      | Nonpriority Creditor's Name 321 MAIN STREET                          | When was the debt incurred?   | · ,        |
|      | Tifton, GA 31794   |   |            |
|      | Number Street City State Zlp Code                                    | As of the date you file, the claim is: Check all that apply   |            |
|      | Who incurred the debt? Check one.                                    |   |            |
|      | Debtor 1 only  | ☐ Contingent  |            |
|      | Debtor 2 only  | ☐ Unliquidated  |            |
|      | ■ Debtor 1 and Debtor 2 only   | ☐ Disputed  |            |
|      | $\square$ At least one of the debtors and another                    | Type of NONPRIORITY unsecured claim:  |            |
|      | ☐ Check if this claim is for a community                             | ☐ Student loans   |            |
|      | debt Is the claim subject to offset?                                 | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
|      | ■ No   | $\square$ Debts to pension or profit-sharing plans, and other similar debts                               |            |
|      | Yes  | ■ Other. Specify Medical  |            |
| 4.7  | Children's Place   | Last 4 digits of account number   | \$521.00   |
|      | Nonpriority Creditor's Name PO Box 659820                            | When was the debt incurred?   |            |
|      | San Antonio, TX 78265-9120   | =   |            |
|      | Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply   |            |
|      | Debtor 1 only  | □ continued   |            |
|      | Debtor 2 only  | ☐ Contingent  |            |
|      | ■ Debtor 1 and Debtor 2 only   | ☐ Unliquidated ☐ Disputed   |            |
|      | ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured claim:  |            |
|      | <u> </u>   | Student loans   |            |
|      | ☐ Check if this claim is for a community debt                        | ☐ Obligations arising out of a separation agreement or divorce that you did not                           |            |
|      | Is the claim subject to offset?                                      | report as priority claims   |            |
|      | ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |            |
|      | ☐ Yes  | ■ Other. Specify Charge   |            |
|      |  |   |            |

Case 18-70705 Doc 1 Filed 06/19/18 Entered 06/19/18 15:50:12 Desc Main Document Page 26 of 62

Debtor 1 Ronald Arthur Cornelius, Jr.

| Debtor 2 Kristi Michelle Cornelius |   | Case number (if know)   |            |
|------------------------------------|---|---|------------|
| 4.8                                | Comenity Bank - Recovery Dept                                       | Last 4 digits of account number   | \$784.00   |
|                                    | Nonpriority Creditor's Name PO Box 182124 Columbus, OH 43218-2124   | When was the debt incurred?   |            |
|                                    | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply   |            |
|                                    | ☐ Debtor 1 only   | ☐ Contingent  |            |
|                                    | Debtor 2 only   | ☐ Unliquidated  |            |
|                                    | ■ Debtor 1 and Debtor 2 only  | ☐ Disputed  |            |
|                                    | ☐ At least one of the debtors and another                           | Type of NONPRIORITY unsecured claim:  |            |
|                                    | ☐ Check if this claim is for a community                            | ☐ Student loans   |            |
|                                    | debt Is the claim subject to offset?                                | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
|                                    | ■ No  | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |            |
|                                    | Yes   | Other. Specify Charge   |            |
| 4.9                                | Commonwealth Financial  | Last 4 digits of account number 11N1  | \$1,431.00 |
|                                    | Nonpriority Creditor's Name 245 Main Street                         | When was the debt incurred?   |            |
|                                    | Scranton, PA 18519  Number Street City State Zlp Code               | As of the date you file, the claim is: Check all that apply   |            |
|                                    | Who incurred the debt? Check one.                                   |   |            |
|                                    | Debtor 1 only   | ☐ Contingent  |            |
|                                    | Debtor 2 only   | ☐ Unliquidated  |            |
|                                    | ■ Debtor 1 and Debtor 2 only  | □ Disputed  |            |
|                                    | ☐ At least one of the debtors and another                           | Type of NONPRIORITY unsecured claim:  |            |
|                                    | ☐ Check if this claim is for a community                            | ☐ Student loans   |            |
|                                    | debt  | $\square$ Obligations arising out of a separation agreement or divorce that you did not                   |            |
|                                    | Is the claim subject to offset?                                     | report as priority claims   |            |
|                                    | ■ No  | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |            |
|                                    | Yes   | Other. Specify Medical  |            |
| 4.1                                | Fingerhut   | Last 4 digits of account number   | \$577.00   |
|                                    | Nonpriority Creditor's Name 6250 Ridgewood Road                     | When was the debt incurred?   |            |
|                                    | Saint Cloud, MN 56303  Number Street City State Zlp Code            | As of the date you file, the claim is: Check all that apply   |            |
|                                    | Who incurred the debt? Check one.                                   | 7.2.2.3.3.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4   |            |
|                                    | Debtor 1 only   | ☐ Contingent  |            |
|                                    | Debtor 2 only   | ☐ Unliquidated  |            |
|                                    | ■ Debtor 1 and Debtor 2 only  | □ Disputed  |            |
|                                    | ☐ At least one of the debtors and another                           | Type of NONPRIORITY unsecured claim:  |            |
|                                    | ☐ Check if this claim is for a community                            | ☐ Student loans   |            |
|                                    | debt  | $\square$ Obligations arising out of a separation agreement or divorce that you did not                   |            |
|                                    | Is the claim subject to offset?                                     | report as priority claims   |            |
|                                    | ■ No  | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |            |
|                                    | ☐ Yes   | Other. Specify Charge   |            |
|                                    |   |   |            |

Case 18-70705 Doc 1 Filed 06/19/18 Entered 06/19/18 15:50:12 Desc Main Document Page 27 of 62

Debtor 1 Ronald Arthur Cornelius, Jr. Debtor 2 Kristi Michelle Cornelius Case number (if know) 4.1 **Fingerhut Credit Account Services** \$842.49 Last 4 digits of account number Nonpriority Creditor's Name P.O. Box 1250 When was the debt incurred? Saint Cloud, MN 56395-1250 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Charge 4.1 First State Bank \$513.00 Last 4 digits of account number Nonpriority Creditor's Name 3859 Inner Perimeter Road When was the debt incurred? Valdosta, GA 31602 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims Is the claim subject to offset? ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Charge 4.1 Georgia Power \$202.00 Last 4 digits of account number 3 Nonpriority Creditor's Name **BIN # 10102** When was the debt incurred? 241 Ralph McGill Blvd Atlanta, GA 30308-3374 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Charge ☐ Yes

Case 18-70705 Doc 1 Filed 06/19/18 Entered 06/19/18 15:50:12 Desc Main Document Page 28 of 62

Debtor 1 Ronald Arthur Cornelius, Jr.

| Debtor 2 Kristi Michelle Cornelius |   | Case number (if know)   |          |
|------------------------------------|---|---|----------|
| 4.1                                | JC Penney   |   | \$432.00 |
| 4                                  | Nonpriority Creditor's Name  Customer Service   | Last 4 digits of account number  When was the debt incurred?  | Ψ432.00  |
|                                    | P.O. Box 981131 EI Paso, TX 79998  Number Street City State Zlp Code Who incurred the debt? Check one.          | As of the date you file, the claim is: Check all that apply   |          |
|                                    | Debtor 1 only  Debtor 2 only  | ☐ Contingent ☐ Unliquidated   |          |
|                                    | ■ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community | ☐ Disputed  Type of NONPRIORITY unsecured claim: ☐ Student loans  |          |
|                                    | debt Is the claim subject to offset?  ■ No □ Yes  | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Charge |          |
|                                    | <b>1</b> 163  | Other. Specify Ond 95   |          |
| 4.1<br>5                           | Kay Jewelers  Nonpriority Creditor's Name   | Last 4 digits of account number 2041  | \$1.00   |
|                                    | PO Box 740425<br>Cincinnati, OH 45274-0425  | When was the debt incurred?   |          |
|                                    | Number Street City State Zlp Code Who incurred the debt? Check one.   | As of the date you file, the claim is: Check all that apply   |          |
|                                    | ☐ Debtor 1 only ☐ Debtor 2 only   | ☐ Contingent ☐ Unliquidated   |          |
|                                    | ■ Debtor 1 and Debtor 2 only  ☐ At least one of the debtors and another   | ☐ Disputed  Type of NONPRIORITY unsecured claim:  |          |
|                                    | ☐ Check if this claim is for a community debt Is the claim subject to offset?                                   | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims   |          |
|                                    | No  | Debts to pension or profit-sharing plans, and other similar debts   |          |
|                                    | ☐ Yes   | Other. Specify Charge   |          |
| 4.1<br>6                           | Kohl's / Capone   | Last 4 digits of account number   | \$381.00 |
|                                    | Nonpriority Creditor's Name N56 W. 17000 Menomonee Falls, WI 53051-7000   | When was the debt incurred?   |          |
|                                    | Number Street City State Zlp Code Who incurred the debt? Check one.   | As of the date you file, the claim is: Check all that apply   |          |
|                                    | Debtor 1 only   | ☐ Contingent  |          |
|                                    | Debtor 2 only   | ☐ Unliquidated  |          |
|                                    | ■ Debtor 1 and Debtor 2 only  | ☐ Disputed  |          |
|                                    | At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |          |
|                                    | ☐ Check if this claim is for a community debt   | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not   |          |
|                                    | Is the claim subject to offset?   | report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  |          |
|                                    | ☐ Yes   | ■ Other. Specify Charge   |          |

Case 18-70705 Doc 1 Filed 06/19/18 Entered 06/19/18 15:50:12 Desc Main Document Page 29 of 62

Debtor 1 Ronald Arthur Cornelius, Jr. Debtor 2 Kristi Michelle Cornelius Case number (if know) 4.1 **Lowndes County Utilities** \$0.00 Last 4 digits of account number Nonpriority Creditor's Name 327 N. Ashley St When was the debt incurred? Valdosta, GA 31601 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify 4.1 Merrick Bank \$1,087.00 Last 4 digits of account number 8 Nonpriority Creditor's Name **Recovery Unit** When was the debt incurred? PO Box 23356 Pittsburgh, PA 15222-3356 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Charge ☐ Yes 4.1 Midland Credit Management 1773 \$499.00 Last 4 digits of account number 9 Nonpriority Creditor's Name PO Box 939019 When was the debt incurred? San Diego, CA 92193 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Synchrony Bank ☐ Yes

Case 18-70705 Doc 1 Filed 06/19/18 Entered 06/19/18 15:50:12 Desc Main Document Page 30 of 62

| Debtor<br>Debtor | 1 Ronald Arthur Cornelius, Jr.<br>2 Kristi Michelle Cornelius                             | Case number (if know)  |          |
|------------------|---|--|----------|
| 4.2<br>0         | Midland Credit Management   | Last 4 digits of account number 2893   | \$530.00 |
|                  | Nonpriority Creditor's Name PO Box 939019 San Diego, CA 92193                             | When was the debt incurred?  |          |
|                  | Number Street City State Zlp Code  Who incurred the debt? Check one.                      | As of the date you file, the claim is: Check all that apply  |          |
|                  | ☐ Debtor 1 only   | ☐ Contingent   |          |
|                  | Debtor 2 only   | ☐ Unliquidated   |          |
|                  | ■ Debtor 1 and Debtor 2 only  | ☐ Disputed   |          |
|                  | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:   |          |
|                  | ☐ Check if this claim is for a community  | ☐ Student loans  |          |
|                  | debt Is the claim subject to offset?  | $\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims        |          |
|                  | ■ No  | ☐ Debts to pension or profit-sharing plans, and other similar debts  |          |
|                  | Yes   | Other. Specify Sync Bank   |          |
| 4.2              | Midland Funding, LLC  | Last 4 digits of account number  | \$1.00   |
|                  | Nonpriority Creditor's Name 2365 Northside Drive Ste 300                                  | When was the debt incurred?  |          |
|                  | San Diego, CA 92108  Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply  |          |
|                  | ☐ Debtor 1 only   | ☐ Contingent   |          |
|                  | ☐ Debtor 2 only   | ☐ Unliquidated   |          |
|                  | ■ Debtor 1 and Debtor 2 only  | Disputed   |          |
|                  | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:   |          |
|                  | ☐ Check if this claim is for a community  | ☐ Student loans  |          |
|                  | debt Is the claim subject to offset?  | $\hfill \Box$<br>Obligations arising out of a separation agreement or divorce that you did not report as priority claims |          |
|                  | ■ No  | lacktriangle Debts to pension or profit-sharing plans, and other similar debts   |          |
|                  | ☐ Yes   | Other. Specify Notice  |          |
| 4.2              | Montgomery Ward   | Last 4 digits of account number  | \$393.88 |
|                  | Nonpriority Creditor's Name 3650 Milwaukee St.  | When was the debt incurred?  |          |
|                  | Madison, WI 53714  Number Street City State Zlp Code  Who incurred the debt? Check one.   | As of the date you file, the claim is: Check all that apply  |          |
|                  | ☐ Debtor 1 only   | ☐ Contingent   |          |
|                  | ☐ Debtor 2 only   | ☐ Unliquidated   |          |
|                  | ■ Debtor 1 and Debtor 2 only  | □ Disputed   |          |
|                  | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:   |          |
|                  | ☐ Check if this claim is for a community debt   | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not                          |          |
|                  | Is the claim subject to offset?   | report as priority claims  |          |
|                  | ■ No  | lacktriangle Debts to pension or profit-sharing plans, and other similar debts   |          |
|                  | ☐ Yes   | ■ Other. Specify Charge  |          |

Case 18-70705 Doc 1 Filed 06/19/18 Entered 06/19/18 15:50:12 Desc Main Document Page 31 of 62

|   | Ronald Arthur Cornelius, Jr. Kristi Michelle Cornelius               |  | Case number (if know)                         |          |
|---|--|--|---|----------|
|   | Nationwide Credit Inc. Nonpriority Creditor's Name                   | Last 4 digits of account number                              | 7386  | \$366.20 |
|   | PO Box 26314<br>Lehigh Valley, PA 18022-6314                         | When was the debt incurred?                                  |   |          |
| _ | Number Street City State Zlp Code                                    | As of the date you file, the claim                           | is: Check all that apply                      |          |
|   | Who incurred the debt? Check one.                                    |  |   |          |
|   | Debtor 1 only  | ☐ Contingent   |   |          |
|   | ☐ Debtor 2 only  | ☐ Unliquidated   |   |          |
|   | ■ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |          |
|   | $\square$ At least one of the debtors and another                    | Type of NONPRIORITY unsecure                                 | d claim:                                      |          |
|   | ☐ Check if this claim is for a community                             | ☐ Student loans  |   |          |
|   | debt Is the claim subject to offset?                                 | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |          |
|   | ■ No   | Debts to pension or profit-sharing                           | g plans, and other similar debts              |          |
|   | Yes  | Other. Specify OVC   |   |          |
|   | Pathology Associates of Valdosta  Nonpriority Creditor's Name        | Last 4 digits of account number                              |   | \$268.32 |
|   | 2001 N. Patterson Street<br>Valdosta, GA 31602                       | When was the debt incurred?                                  |   |          |
|   | Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim                           | is: Check all that apply                      |          |
|   | Debtor 1 only  | ☐ Contingent   |   |          |
|   | Debtor 2 only  | ☐ Unliquidated   |   |          |
|   | ■ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |          |
|   | ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecure                                 | d claim:                                      |          |
|   | ☐ Check if this claim is for a community                             | ☐ Student loans  |   |          |
|   | debt<br>Is the claim subject to offset?                              | Obligations arising out of a separeport as priority claims   | aration agreement or divorce that you did not |          |
|   | ■ No   | Debts to pension or profit-sharing                           | g plans, and other similar debts              |          |
|   | Yes  | Other. Specify Medical                                       |   |          |
|   | Pay Pal Credit/Comenity Capital Nonpriority Creditor's Name          | Last 4 digits of account number                              |   | \$784.00 |
|   | P.O. Box 5138<br>Timonium, MD 21094                                  | When was the debt incurred?                                  |   |          |
|   | Number Street City State Zlp Code                                    | As of the date you file, the claim                           | is: Check all that apply                      |          |
|   | Who incurred the debt? Check one.                                    |  |   |          |
|   | ☐ Debtor 1 only  | ☐ Contingent   |   |          |
|   | Debtor 2 only  | ☐ Unliquidated   |   |          |
|   | ■ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |          |
|   | ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecure                                 | d claim:                                      |          |
|   | ☐ Check if this claim is for a community                             | ☐ Student loans  |   |          |
|   | debt<br>Is the claim subject to offset?                              | Obligations arising out of a separeport as priority claims   | aration agreement or divorce that you did not |          |
|   | ■ No   | Debts to pension or profit-sharing                           | g plans, and other similar debts              |          |
|   | ☐ Yes  | Other. Specify Charge  |   |          |

Case 18-70705 Doc 1 Filed 06/19/18 Entered 06/19/18 15:50:12 Desc Main Document Page 32 of 62

| Debtor<br>Debtor | 1 Ronald Arthur Cornelius, Jr.<br>2 Kristi Michelle Cornelius                                | Case number (if know)   |            |
|------------------|--|---|------------|
| 4.2              | Portfolio Recovery Assoc, LLC  | Last 4 digits of account number   | \$521.20   |
|                  | Nonpriority Creditor's Name P.O. Box 12914 Norfolk, VA 23541                                 | When was the debt incurred?   |            |
|                  | Number Street City State Zlp Code  | As of the date you file, the claim is: Check all that apply   |            |
|                  | Who incurred the debt? Check one.  |   |            |
|                  | Debtor 1 only  | ☐ Contingent  |            |
|                  | ☐ Debtor 2 only  | ☐ Unliquidated  |            |
|                  | ■ Debtor 1 and Debtor 2 only   | ☐ Disputed  |            |
|                  | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |            |
|                  | ☐ Check if this claim is for a community debt  | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not           |            |
|                  | Is the claim subject to offset?  | report as priority claims   |            |
|                  | ■ No   | $\square$ Debts to pension or profit-sharing plans, and other similar debts                               |            |
|                  | Yes  | Other. Specify Collection   |            |
| 4.2              | Progressive  | Last 4 digits of account number   | \$81.00    |
|                  | Nonpriority Creditor's Name PO Box 105428  | When was the debt incurred?   |            |
|                  | Atlanta, GA 30348-5428  Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply   |            |
|                  | Debtor 1 only  |   |            |
|                  |  | Contingent  |            |
|                  | Debtor 2 only  | Unliquidated  |            |
|                  | ■ Debtor 1 and Debtor 2 only   | ☐ Disputed  |            |
|                  | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |            |
|                  | ☐ Check if this claim is for a community   | Student loans   |            |
|                  | debt Is the claim subject to offset?   | Obligations arising out of a separation agreement or divorce that you did not report as priority claims   |            |
|                  | No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |            |
|                  | Yes  | ■ Other. Specify Service  |            |
| 4.2              | Quantum3 Group LLC   | Last 4 digits of account number   | \$5,500.00 |
|                  | Nonpriority Creditor's Name P.O. Box 788 Kirkland, WA 98083                                  | When was the debt incurred?   |            |
|                  | Number Street City State Zlp Code  | As of the date you file, the claim is: Check all that apply   |            |
|                  | Who incurred the debt? Check one.  |   |            |
|                  | ☐ Debtor 1 only  | ☐ Contingent  |            |
|                  | Debtor 2 only  | ☐ Unliquidated  |            |
|                  | ■ Debtor 1 and Debtor 2 only   | ☐ Disputed  |            |
|                  | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |            |
|                  | ☐ Check if this claim is for a community   | ☐ Student loans   |            |
|                  | debt Is the claim subject to offset?   | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
|                  | ■ No   | Debts to pension or profit-sharing plans, and other similar debts   |            |
|                  | Yes  | ■ Other Specify Collection  |            |

Case 18-70705 Doc 1 Filed 06/19/18 Entered 06/19/18 15:50:12 Desc Main Document Page 33 of 62

|          | 1 Ronald Arthur Cornelius, Jr. 2 Kristi Michelle Cornelius           |  | Case number (if know)  |            |
|----------|--|--|--|------------|
| 4.2<br>9 | QVC  | Last 4 digits of account number                              | 1303   | \$366.20   |
|          | Nonpriority Creditor's Name<br>580 Bellevue Ave<br>Newport, RI 02840 | When was the debt incurred?                                  |  |            |
|          | Number Street City State Zlp Code                                    | As of the date you file, the claim                           | is: Check all that apply   |            |
|          | Who incurred the debt? Check one.                                    |  |  |            |
|          | Debtor 1 only  | ☐ Contingent   |  |            |
|          | ☐ Debtor 2 only  | ☐ Unliquidated   |  |            |
|          | ■ Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |            |
|          | $\square$ At least one of the debtors and another                    | Type of NONPRIORITY unsecured                                | d claim:   |            |
|          | ☐ Check if this claim is for a community                             | ☐ Student loans  |  |            |
|          | debt Is the claim subject to offset?                                 | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not  |            |
|          | ■ No   | Debts to pension or profit-sharing                           | ng plans, and other similar debts  |            |
|          | Yes  | Other. Specify Charge  |  |            |
| 4.3      | Radiology Associates of Valdosta,<br>LLC                             | Last 4 digits of account number                              |  | \$100.00   |
|          | Nonpriority Creditor's Name PO Box 3670 Valdosta, GA 31604-3670      | When was the debt incurred?                                  |  |            |
|          | Number Street City State Zlp Code Who incurred the debt? Check one.  | As of the date you file, the claim                           | is: Check all that apply   |            |
|          | ☐ Debtor 1 only  | ☐ Contingent   |  |            |
|          | ☐ Debtor 2 only  | ☐ Unliquidated   |  |            |
|          | ■ Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |            |
|          | ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured                                | d claim:   |            |
|          | ☐ Check if this claim is for a community                             | ☐ Student loans  |  |            |
|          | debt Is the claim subject to offset?                                 | report as priority claims                                    | aration agreement or divorce that you did not  |            |
|          | No   | Debts to pension or profit-sharing                           | ng plans, and other similar debts  |            |
|          | Yes  | Other. Specify Medical                                       |  |            |
| 4.3      | Sheridan ER Physician Services  Nonpriority Creditor's Name          | Last 4 digits of account number                              |  | \$2,552.00 |
|          | P.O. Box 452018 Fort Lauderdale, FL 33345                            | When was the debt incurred?                                  |  |            |
|          | Number Street City State Zlp Code                                    | As of the date you file, the claim                           | is: Check all that apply   |            |
|          | Who incurred the debt? Check one.                                    |  |  |            |
|          | Debtor 1 only  | ☐ Contingent   |  |            |
|          | ☐ Debtor 2 only  | ☐ Unliquidated   |  |            |
|          | ■ Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |            |
|          | $\square$ At least one of the debtors and another                    | Type of NONPRIORITY unsecure                                 | d claim:   |            |
|          | ☐ Check if this claim is for a community debt                        | ☐ Student loans ☐ Obligations arising out of a sepa          | aration agreement or divorce that you did not  |            |
|          | Is the claim subject to offset?                                      | report as priority claims                                    | and the second s |            |
|          | No   | Debts to pension or profit-sharing                           | ng plans, and other similar debts  |            |
|          | Yes  | Other Specify Medical  |  |            |

Case 18-70705 Doc 1 Filed 06/19/18 Entered 06/19/18 15:50:12 Desc Main Document Page 34 of 62

Debtor 1 Ronald Arthur Cornelius, Jr. Debtor 2 Kristi Michelle Cornelius Case number (if know) 4.3 **Smith Northview Hospital** \$656.00 Last 4 digits of account number 2 Nonpriority Creditor's Name PO Box 10010 When was the debt incurred? Valdosta, GA 31604 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Medical 4.3 **Solstas Lab Partners** \$193.00 Last 4 digits of account number 3 Nonpriority Creditor's Name P.O. Box 35907 When was the debt incurred? Greensboro, NC 27425-5907 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims Is the claim subject to offset? ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Medical 4.3 South Georgia Medical Center \$500.00 Last 4 digits of account number Nonpriority Creditor's Name **Patient Financial Affairs** When was the debt incurred? P.O. Box 0070 Valdosta, GA 31603-0070 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Medical ☐ Yes

Case 18-70705 Doc 1 Filed 06/19/18 Entered 06/19/18 15:50:12 Desc Main Document Page 35 of 62

|     | 1 Ronald Arthur Cornelius, Jr.<br>2 Kristi Michelle Cornelius         | Case number (if know)   |          |
|-----|---|---|----------|
| 4.3 | Stern Recovery Services   | Last 4 digits of account number 8K9B  | \$259.00 |
|     | Nonpriority Creditor's Name P.O. Box 14899 Greensboro, NC 27415-4899  | When was the debt incurred?   |          |
|     | Number Street City State Zlp Code  Who incurred the debt? Check one.  | As of the date you file, the claim is: Check all that apply   |          |
|     | ☐ Debtor 1 only   | ☐ Contingent  |          |
|     | ☐ Debtor 2 only   | ☐ Unliquidated  |          |
|     | ■ Debtor 1 and Debtor 2 only  | Disputed  |          |
|     | ☐ At least one of the debtors and another                             | Type of NONPRIORITY unsecured claim:  |          |
|     | ☐ Check if this claim is for a community                              | ☐ Student loans   |          |
|     | debt Is the claim subject to offset?                                  | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |          |
|     | ■ No  | ☐ Debts to pension or profit-sharing plans, and other similar debts                                     |          |
|     | Yes   | Other. Specify Medical  |          |
| 4.3 | United Consumer Financial   | Last 4 digits of account number   | \$500.00 |
|     | Nonpriority Creditor's Name P.O. Box 856290 Louisville, KY 40285-6290 | When was the debt incurred?   |          |
|     | Number Street City State Zlp Code  Who incurred the debt? Check one.  | As of the date you file, the claim is: Check all that apply   |          |
|     | ☐ Debtor 1 only   | ☐ Contingent  |          |
|     | ☐ Debtor 2 only   | □ Unliquidated  |          |
|     | ■ Debtor 1 and Debtor 2 only  | ☐ Disputed  |          |
|     | ☐ At least one of the debtors and another                             | Type of NONPRIORITY unsecured claim:  |          |
|     | ☐ Check if this claim is for a community                              | ☐ Student loans   |          |
|     | debt Is the claim subject to offset?                                  | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |          |
|     | ■ No  | Debts to pension or profit-sharing plans, and other similar debts                                       |          |
|     | Yes   | Other. Specify Collection   |          |
| 4.3 | United Consumer Financial   | Last 4 digits of account number 2479  | \$1.00   |
|     | Nonpriority Creditor's Name P.O. Box 856290 Louisville, KY 40285-6290 | When was the debt incurred?   |          |
|     | Number Street City State Zlp Code                                     | As of the date you file, the claim is: Check all that apply   |          |
|     | Who incurred the debt? Check one.                                     |   |          |
|     | ☐ Debtor 1 only   | ☐ Contingent  |          |
|     | ☐ Debtor 2 only   | ☐ Unliquidated  |          |
|     | ■ Debtor 1 and Debtor 2 only  | ☐ Disputed  |          |
|     | $\square$ At least one of the debtors and another                     | Type of NONPRIORITY unsecured claim:  |          |
|     | ☐ Check if this claim is for a community debt                         | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not         |          |
|     | Is the claim subject to offset?                                       | report as priority claims   |          |
|     | ■ No  | Debts to pension or profit-sharing plans, and other similar debts                                       |          |
|     | ☐ Yes   | ■ Other. Specify Collection   |          |

Case 18-70705 Doc 1 Filed 06/19/18 Entered 06/19/18 15:50:12 Desc Main Document Page 36 of 62

Debtor 1 Ronald Arthur Cornelius, Jr.

| Debt     | or 2 Kristi Michelle Cornelius   | Case number (if know)   |             |
|----------|--|---|-------------|
| 4.3      |  |   |             |
| 8        | United Consumer Financial Serv.  | Last 4 digits of account number   | \$1.00      |
|          | Nonpriority Creditor's Name Attorneys Bass and Associates 3936 E. Ft. Lowell Rd., Suite 200 Tucson, AZ 85712 | When was the debt incurred?   |             |
|          | Number Street City State Zlp Code Who incurred the debt? Check one.  | As of the date you file, the claim is: Check all that apply   |             |
|          | ☐ Debtor 1 only  | ☐ Contingent  |             |
|          | ☐ Debtor 2 only  | ☐ Unliquidated  |             |
|          | ■ Debtor 1 and Debtor 2 only   | □ Disputed  |             |
|          | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |             |
|          | ☐ Check if this claim is for a community   | ☐ Student loans   |             |
|          | debt Is the claim subject to offset?   | Obligations arising out of a separation agreement or divorce that you did not report as priority claims   |             |
|          | ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |             |
|          | Yes  | Other. Specify Notice   |             |
| 4.3      | Valdosta Orthopedic Associates   | Last 4 digits of account number   | \$2,000.00  |
| 9        | Nonpriority Creditor's Name  |   | <del></del> |
|          | 3527 N Valdosta Road<br>Valdosta, GA 31602   | When was the debt incurred?   |             |
|          | Number Street City State Zlp Code Who incurred the debt? Check one.  | As of the date you file, the claim is: Check all that apply   |             |
|          | ☐ Debtor 1 only  | ☐ Contingent  |             |
|          | Debtor 2 only  | ☐ Unliquidated  |             |
|          | ■ Debtor 1 and Debtor 2 only   | ☐ Disputed  |             |
|          | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |             |
|          | ☐ Check if this claim is for a community   | ☐ Student loans   |             |
|          | debt Is the claim subject to offset?   | Obligations arising out of a separation agreement or divorce that you did not report as priority claims   |             |
|          | ■ No   | Debts to pension or profit-sharing plans, and other similar debts   |             |
|          | Yes  | ■ Other. Specify Medical bill   |             |
| 4.4      | Verizon  | Last 4 digits of account number 7910  | \$1,216.00  |
| <u> </u> | Nonpriority Creditor's Name PO Box 26055   | When was the debt incurred?   | · ·         |
|          | Minneapolis, MN 55426-0055   | As of the date was file the plaint in Observal all that such.   |             |
|          | Number Street City State Zlp Code  Who incurred the debt? Check one.   | As of the date you file, the claim is: Check all that apply   |             |
|          | Debtor 1 only  | Continued.  |             |
|          | Debtor 2 only  | ☐ Contingent ☐ Unliquidated   |             |
|          | ■ Debtor 1 and Debtor 2 only   |   |             |
|          |  | ☐ Disputed  Type of NONPRIORITY unsecured claim:  |             |
|          | At least one of the debtors and another  | Student loans   |             |
|          | ☐ Check if this claim is for a community debt  Is the claim subject to offset?                               | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |             |
|          | ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |             |
|          | □Yes   | ■ Other Specify Service   |             |
|          |  | — Outer, Specify  |             |

Case 18-70705 Doc 1 Filed 06/19/18 Entered 06/19/18 15:50:12 Desc Main Document Page 37 of 62

| Debtor 1 Ronald Arthur Cornelius, Jr. Debtor 2 Kristi Michelle Cornelius | Case number (if know)   |        |  |  |  |  |
|--|---|--------|--|--|--|--|
| 4.4 Webbank/Fingerhut  | Last 4 digits of account number 3159  | \$1.00 |  |  |  |  |
| Nonpriority Creditor's Name 6250 Ridgewood Road Saint Cloud, MN 56303    | When was the debt incurred?   |        |  |  |  |  |
| Number Street City State Zlp Code  | As of the date you file, the claim is: Check all that apply   |        |  |  |  |  |
| Who incurred the debt? Check one.  |   |        |  |  |  |  |
| Debtor 1 only  | ☐ Contingent  |        |  |  |  |  |
| Debtor 2 only  | ☐ Unliquidated  |        |  |  |  |  |
| ■ Debtor 1 and Debtor 2 only   | ☐ Disputed  |        |  |  |  |  |
| ☐ At least one of the debtors and another                                | Type of NONPRIORITY unsecured claim:  |        |  |  |  |  |
| ☐ Check if this claim is for a community                                 | ☐ Student loans   |        |  |  |  |  |
| debt Is the claim subject to offset?                                     | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |        |  |  |  |  |
| ■ No   | lacksquare Debts to pension or profit-sharing plans, and other similar debts                              |        |  |  |  |  |
| Yes  | Other. Specify Charge   |        |  |  |  |  |

#### Part 3: List Others to Be Notified About a Debt That You Already Listed

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|              |     |   |     | 7  | otal Claim |
|--------------|-----|---|-----|----|------------|
|              | 6a. | Domestic support obligations  | 6a. | \$ | 0.00       |
| Total claims |     |   |     |    |            |
| from Part 1  | 6b. | Taxes and certain other debts you owe the government  | 6b. | \$ | 8,500.00   |
|              | 6c. | Claims for death or personal injury while you were intoxicated  | 6c. | \$ | 0.00       |
|              | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | \$ | 0.00       |
|              | 6e. | Total Priority. Add lines 6a through 6d.  | 6e. | \$ | 8,500.00   |
|              |     |   |     |    | otal Claim |
| Total        | 6f. | Student loans   | 6f. | \$ | 0.00       |
| claims       |     |   |     |    |            |
| from Part 2  | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00       |
|              | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$ | 0.00       |
|              | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. | \$ | 27,502.23  |
|              | 6j. | Total Nonpriority. Add lines 6f through 6i.   | 6j. | \$ | 27,502.23  |

<sup>5.</sup> Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Case 18-70705 Doc 1 Filed 06/19/18 Entered 06/19/18 15:50:12 Desc Main

| Fill in this infor  | mation to identify your  | case:              |           |              |
|---------------------|--------------------------|--------------------|-----------|--------------|
| Debtor 1            | Ronald Arthur Co         | ornelius, Jr.      |           |              |
|                     | First Name               | Middle Name        | Last Name |              |
| Debtor 2            | Kristi Michelle Co       | ornelius           |           |              |
| (Spouse if, filing) | First Name               | Middle Name        | Last Name |              |
| United States Ba    | ankruptcy Court for the: | MIDDLE DISTRICT OF | GEORGIA   |              |
| Case number         |                          |                    |           |              |
| (if known)          |                          |                    |           | ☐ Check if t |
|                     |                          |                    |           | amanda       |

### Official Form 106G

### **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease
Name, Number, Street, City, State and ZIP Code

2.1 Aaron's Rental Purchase
2145 N. Ashley St
Valdosta, GA 31602

State what the contract or lease is for
Washer/Dryer

Case 18-70705 Doc 1 Filed 06/19/18 Entered 06/19/18 15:50:12 Desc Main

|                |  |  | Docume   | ent Page 39 d           | of 62  |  |
|----------------|--|--|--|-------------------------|--|--|
| Fill in thi    | s information to                         | identify your                                  | case:  |                         |  |  |
| Debtor 1       | Pena                                     | ld Arthur Co                                   | rnolius Ir   |                         |  |  |
| Debior 1       | First Na                                 |  | Middle Name  | Last Name               |  |  |
| Debtor 2       | Kristi                                   | i Michelle Co                                  | ornelius   |                         |  |  |
| (Spouse if, f  | iling) First Na                          | me   | Middle Name  | Last Name               |  |  |
| United St      | ates Bankruptcy (                        | Court for the:                                 | MIDDLE DISTRICT OF   | GEORGIA                 |  |  |
| Office Of      | ates Barikruptey v                       | odult for the.                                 | WIDDLE DIOTRIOT OF   | <u> </u>                |  |  |
| Case nun       | mber                                     |  |  |                         |  |  |
| (if known)     |  |  |  |                         |  | ☐ Check if this is an  |
|                |  |  |  |                         |  | amended filing   |
| ~ <i></i> .    | . = 40                                   |  |  |                         |  |  |
|                | al Form 10                               |  |  |                         |  |  |
| Sche           | dule H: Yo                               | our Cod  | ebtors   |                         |  | 12/15  |
|                |  |  |  |                         |  |  |
| our nam        | e and case num                           | ber (if known)                                 | . Answer every question you are filing a joint case,                               | ).                      |  | of any Additional Pages, write   |
|                | ,  | ,  | , , ,  | •                       |  |  |
| ■ No           |  |  |  |                         |  |  |
| ☐ Ye           | es                                       |  |  |                         |  |  |
| Arizo          | ona, California, Ida<br>o. Go to line 3. | aho, Louisiana,                                | I lived in a community p<br>Nevada, New Mexico, Pu<br>use, or legal equivalent liv | uerto Rico, Texas, Wash |  | states and territories include   |
| in lin<br>Form | ie 2 again as a co                       | odebtor only i<br>le E/F (Official<br>codebtor | f that person is a guarar<br>Form 106E/F), or Sched                                | ntor or cosigner. Make  | sure you have listed the 16G). Use Schedule D, S | with you. List the person shown<br>e creditor on Schedule D (Official<br>schedule E/F, or Schedule G to fill<br>ditor to whom you owe the debt |
|                | Name, Number, Street                     | et, City, State and Zi                         | r Code   |                         | Check all schedules                              | s that apply:  |
| 3.1            |  |  |  |                         | ☐ Schedule D, line                               |  |
| <u></u>        | Name                                     |  |  |                         | ☐ Schedule E/F, lir                              |  |
|                |  |  |  |                         | ☐ Schedule G, line                               |  |
|                | <del></del>                              |  |  |                         | _  |  |
|                | Number S<br>City                         | Street   | State  | ZIP Code                |  |  |
|                | Oity                                     |  | Glate  | 211 0000                |  |  |
|                |  |  |  |                         |  |  |
| 3.2            |  |  |  |                         | _  |  |
|                | Name                                     |  |  |                         | ☐ Schedule E/F, lir                              |  |
|                |  |  |  |                         | ☐ Schedule G, line                               | <u> </u>   |
|                | Number S                                 | Street   |  |                         | _  |  |
|                | City                                     |  | State  | ZIP Code                |  |  |

# Case 18-70705 Doc 1 Filed 06/19/18 Entered 06/19/18 15:50:12 Desc Main Document Page 40 of 62

| Fill               | in this information to identify your c   | ase:  |  |                     |                |            |                         |  |                                   |                 |
|--------------------|--|---|--|---------------------|----------------|------------|-------------------------|--|-----------------------------------|-----------------|
| De                 | btor 1 Ronald Arth   | ur Cornelius, Jr.                                     |  |                     |                |            |                         |  |                                   |                 |
| 1                  | btor 2 Kristi Miche  | lle Cornelius   |  |                     |                |            |                         |  |                                   |                 |
| Un                 | ited States Bankruptcy Court for the   | : MIDDLE DISTRICT C                                   | F GEORGIA                                  |                     |                |            |                         |  |                                   |                 |
| (If k              | se number  |   | -  |                     |                |            | 3 income                | ed filing<br>ent showir<br>as of the f | ng postpetition<br>ollowing date: | chapter         |
|                    | chedule I: Your Inc  | omo   |  |                     |                | N          | MM / DD/ Y              | YYYY                                   |                                   | 12/15           |
| sup<br>spo<br>atta | as complete and accurate as posi-<br>plying correct information. If you<br>use. If you are separated and you<br>ch a separate sheet to this form.  The describe Employment | are married and not fili<br>Ir spouse is not filing w | ng jointly, and your ith you, do not inclu | spouse<br>ide infor | is liv<br>mati | ing with   | you, incl<br>t your spo | ude infor                              | mation about<br>ore space is      | your<br>needed, |
| 1.                 | Fill in your employment information.   |   | Debtor 1                                   |                     |                |            | Debtor 2                | 2 or non-f                             | iling spouse                      |                 |
|                    | If you have more than one job,   | Employment status                                     | ■ Employed                                 | ■ Employed          |                |            |                         | oyed                                   |                                   |                 |
|                    | attach a separate page with<br>information about additional<br>employers.  | Occupation  | ☐ Not employed                             |                     |                |            | ■ Not e                 | employed                               |                                   |                 |
|                    | Include part-time, seasonal, or self-employed work.  | Employer's name                                       | Smith Property                             | ts,                 |                |            |                         |  |                                   |                 |
|                    | Occupation may include student or homemaker, if it applies.  | Employer's address                                    |  |                     |                |            |                         |  |                                   |                 |
|                    |  | How long employed t                                   | here? 12 year                              | rs                  |                |            |                         |  |                                   |                 |
| Pa                 | rt 2: Give Details About Mor   | nthly Income  |  |                     |                |            |                         |  |                                   |                 |
|                    | imate monthly income as of the duse unless you are separated.  | ate you file this form. If                            | you have nothing to r                      | report for          | any            | line, writ | e \$0 in the            | space. In                              | clude your noi                    | n-filing        |
|                    | ou or your non-filing spouse have more space, attach a separate sheet to   |   | ombine the informatio                      | on for all          | emp            | oyers for  | that perso              | on on the I                            | ines below. If                    | you need        |
|                    |  |   |  |                     |                | For De     | btor 1                  |  | btor 2 or<br>ing spouse           |                 |
| 2.                 | List monthly gross wages, sala deductions). If not paid monthly,   |   |  | 2.                  | \$             | 2          | 2,415.00                | \$                                     | 0.00                              |                 |
| 3.                 | Estimate and list monthly overt  | ime pay.  |  | 3.                  | +\$            |            | 0.00                    | +\$                                    | 0.00                              |                 |
| 4.                 | Calculate gross Income. Add lii  | ne 2 + line 3.  |  | 4.                  | \$             | 2,4        | 15.00                   | \$                                     | 0.00                              |                 |

Official Form 106I Schedule I: Your Income page 1

# Case 18-70705 Doc 1 Filed 06/19/18 Entered 06/19/18 15:50:12 Desc Main Document Page 41 of 62

|     | tor 1<br>tor 2    | Ronald Arthur Cornelius, Jr. Kristi Michelle Cornelius   | -                 | C   | Case              | e number (if known)  |                   |                        |                      |                |
|-----|-------------------|--|-------------------|-----|-------------------|----------------------|-------------------|------------------------|----------------------|----------------|
|     |                   |  |                   |     | Fo                | r Debtor 1           |                   | r Debtor<br>n-filing s |                      |                |
|     | Сор               | y line 4 here  | 4.                |     | \$_               | 2,415.00             | \$                |                        | 0.00                 |                |
| 5.  | List              | all payroll deductions:  |                   |     |                   |                      |                   |                        |                      |                |
|     | 5a.               | Tax, Medicare, and Social Security deductions  | 5a                | ١.  | \$                | 315.00               | \$                |                        | 0.00                 |                |
|     | 5b.               | Mandatory contributions for retirement plans   | 5b                | ٠.  | \$                | 0.00                 | \$                |                        | 0.00                 |                |
|     | 5c.               | Voluntary contributions for retirement plans   | 5c.               |     | \$_               | 0.00                 | \$                |                        | 0.00                 |                |
|     | 5d.               | Required repayments of retirement fund loans   | 5d                |     | \$_               | 0.00                 | \$_               |                        | 0.00                 |                |
|     | 5e.               | Insurance  | 5e                |     | \$_               | 0.00                 | \$_               |                        | 0.00                 |                |
|     | 5f.               | Domestic support obligations   | 5f.               |     | \$_               | 0.00                 | \$_               |                        | 0.00                 |                |
|     | 5g.               | Union dues   | 5g                |     | \$_               | 0.00                 |                   |                        | 0.00                 |                |
|     | 5h.               | Other deductions. Specify:   | _ 5h              | .+  | \$_               | 0.00                 | + \$_             |                        | 0.00                 |                |
| 6.  |                   | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.   | 6.                |     | \$_               | 315.00               | \$_               |                        | 0.00                 |                |
| 7.  | Cald              | culate total monthly take-home pay. Subtract line 6 from line 4.   | 7.                |     | \$_               | 2,100.00             | \$_               |                        | 0.00                 |                |
| 8.  | List<br>8a.       | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.                      | 8a                |     | \$                | 0.00                 | \$                |                        | 0.00                 |                |
|     | 8b.               | Interest and dividends   | 8b                |     | \$                | 0.00                 | \$_               |                        | 0.00                 |                |
|     | 8c.<br>8d.<br>8e. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  Unemployment compensation Social Security  | 8c.<br>8d.<br>8e. | ١.  | \$_<br>\$_<br>\$_ | 0.00<br>0.00<br>0.00 | \$_<br>\$_<br>\$_ |                        | 0.00<br>0.00<br>0.00 |                |
|     | 8f.<br>8g.        | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:  Pension or retirement income | -<br>8f.<br>8g.   |     | \$_<br>\$_        | 0.00                 | \$_<br>\$_        |                        | 0.00                 |                |
|     | 8h.               | Other monthly income. Specify: Tax Refund  | 8h                |     | \$                |                      | + \$ _            |                        | 0.00                 |                |
|     |                   | Fuel Check for employment  | _                 |     | \$                | 150.00               | \$                |                        | 0.00                 |                |
| 9.  | Add               | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.   | 9.                | \$  | -<br>             | 192.00               | \$_               |                        | 0.00                 |                |
| 10. |                   | culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   | 10.               | \$_ |                   | 2,292.00 + \$_       |                   | 0.00                   | = \$                 | 2,292.00       |
| 11. | Inclu<br>othe     | e all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your refriends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not a cify:                             | depe              |     |                   | •                    |                   |                        | e J.<br>+\$          | 0.00           |
| 12. |                   | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certaines   |                   |     |                   |                      |                   | e.<br>12.              | \$                   | 2,292.00       |
| 13. | Do y              | you expect an increase or decrease within the year after you file this form<br>No.   | ?                 |     |                   |                      |                   | l                      | Combin<br>monthly    | ed<br>/ income |
|     | _                 | Yes Explain:   |                   |     |                   |                      |                   |                        |                      |                |

# Case 18-70705 Doc 1 Filed 06/19/18 Entered 06/19/18 15:50:12 Desc Main Document Page 42 of 62

| Fill in A    | this informs         | tion to identify ye                    | 2115 00001      |  |  | i   |                 |           |                               |      |
|--------------|----------------------|--|-----------------|--|--|---|-----------------|-----------|-------------------------------|------|
| FIII IN T    | inis informa         | tion to identify yo                    | our case:       |  |  |   |                 |           |                               |      |
| Debtor       | 1                    | Ronald Arthu                           | ur Corne        | lius, Jr.  |  |   | eck if this     |           |                               |      |
| Debtor 2     | 2<br>e, if filing)   | Kristi Michel                          | lle Corne       | lius   |  | <ul> <li>☐ An amended filing</li> <li>☐ A supplement showing postpetition chapter</li> <li>13 expenses as of the following date:</li> </ul> |                 |           |                               |      |
| ` '          | , 0,                 | ruptcy Court for the                   | : MIDDLE        | E DISTRICT OF GEORGI   | Α                                      |   | MM / E          | DD / YYYY |                               |      |
| Case nu      | umber                |  |                 |  |  |   |                 |           |                               |      |
| (If know     | vn)                  |  |                 |  |  |   |                 |           |                               |      |
| Offic        | cial Fo              | rm 106J                                |                 |  |  |   |                 |           |                               |      |
| Sch          | nedule               | J: Your I                              | Exper           | ises   |  |   |                 |           |                               | 12/1 |
| Be as inform | complete a           | and accurate as                        | possible.       | If two married people a ch another sheet to this                         |  |   |                 |           |                               |      |
| Part 1:      | Descr                | ibe Your House                         | hold            |  |  |   |                 |           |                               |      |
|              | s this a joir        |  |                 |  |  |   |                 |           |                               |      |
|              | ☐ No. Go to          |  | _               |  |  |   |                 |           |                               |      |
|              |                      | s Debtor 2 live i                      | in a separ      | ate household?   |  |   |                 |           |                               |      |
|              | ■ N<br>□ Y           |  | st file Offici  | al Form 106J-2, <i>Expense</i>   | s for Separate House                   | ehold of De   | ebtor 2.        |           |                               |      |
| 2. <b>D</b>  | o you have           | e dependents?                          | □ No            |  |  |   |                 |           |                               |      |
|              | o not list Debtor 2. | ebtor 1 and                            | ■ Yes.          | Fill out this information for each dependent                             | Dependent's relat<br>Debtor 1 or Debto |   | De <sub>l</sub> | pendent's | Does dependent live with you? |      |
|              | o not state          |  |                 |  | _                                      |   |                 |           | □ No                          |      |
| de           | ependents            | names.                                 |                 |  | Son                                    |   | 14              |           | ■ Yes<br>□ No                 |      |
|              |                      |  |                 |  |  |   |                 |           | ☐ Yes                         |      |
|              |                      |  |                 |  |  |   |                 |           | □ No                          |      |
|              |                      |  |                 |  |  |   |                 |           | Yes                           |      |
|              |                      |  |                 |  |  |   |                 |           | □ No                          |      |
| 3. <b>D</b>  | o your exp           | enses include                          | _               | No   |  |   |                 |           | ☐ Yes                         |      |
| e            | xpenses o            | f people other tl<br>d your depende    | han $_{m \Box}$ | Yes  |  |   |                 |           |                               |      |
| -            |                      |  |                 |  |  |   |                 |           |                               |      |
| expens       | ate your ex          |  | our bankrı      | y Expenses<br>uptcy filing date unless y<br>y is filed. If this is a sup |  |   |                 |           |                               |      |
|              |                      |  |                 | government assistance  |  |   |                 |           |                               |      |
|              | ial Form 10          |  | u nave mo       | cluded it on Schedule I:   | rour income                            |   |                 | Your exp  | enses                         |      |
|              |                      | or home owners<br>and any rent for the |                 | ses for your residence.  | Include first mortgag                  | e<br>4.   | \$              |           | 0.00                          |      |
| If           | not includ           | led in line 4:                         |                 |  |  |   |                 |           |                               |      |
| 48           | a. Real e            | estate taxes                           |                 |  |  | 4a.   | \$              |           | 0.00                          |      |
|              |                      | rty, homeowner's                       |                 |  |  | 4b.   | · —             |           | 0.00                          |      |
|              |                      | maintenance, re<br>owner's associat    |                 | ipkeep expenses  |  | 4c.<br>4d.  | · —             |           | 25.00<br>0.00                 |      |
|              |                      |  |                 | our residence, such as ho  | ome equity loans                       | 4u.<br>5.   | ·               |           | 0.00                          |      |

# Case 18-70705 Doc 1 Filed 06/19/18 Entered 06/19/18 15:50:12 Desc Main Document Page 43 of 62

| Debtor 1       | Ronald Arthur Cornelius, Jr.  |              |                     |                          |
|----------------|---|--------------|---------------------|--------------------------|
| Debtor 2       | Kristi Michelle Cornelius   | Case num     | ber (if known)      |                          |
| S. Uti         | ities:  |              |                     |                          |
| 6a.            | Electricity, heat, natural gas  | 6a.          | \$                  | 150.00                   |
| 6b.            | Water, sewer, garbage collection  | 6b.          | ·                   | 55.00                    |
| 6c.            | Telephone, cell phone, Internet, satellite, and cable services  | 6c.          | ·                   | 135.00                   |
| 6d.            | Other. Specify:   | 6d.          | \$                  | 0.00                     |
| . Fo           | od and housekeeping supplies  |              | \$                  | 440.00                   |
|                | Idcare and children's education costs   | 8.           | \$                  | 0.00                     |
| . Clo          | thing, laundry, and dry cleaning  | 9.           | \$                  | 50.00                    |
|                | sonal care products and services  | 10.          | \$                  | 25.00                    |
|                | dical and dental expenses   | 11.          | \$                  | 300.00                   |
|                | nsportation. Include gas, maintenance, bus or train fare.   |              | ·                   | <del></del> -            |
|                | not include car payments.   | 12.          | \$                  | 150.00                   |
| 3. <b>En</b> t | ertainment, clubs, recreation, newspapers, magazines, and books   | 13.          | \$                  | 0.00                     |
| 4. Ch          | aritable contributions and religious donations  | 14.          | \$                  | 20.00                    |
|                | urance.   |              |                     |                          |
|                | not include insurance deducted from your pay or included in lines 4 or 20.  |              |                     |                          |
|                | . Life insurance  | 15a.         | · -                 | 85.00                    |
|                | . Health insurance  | 15b.         | *                   | 0.00                     |
|                | . Vehicle insurance   | 15c.         | ·                   | 121.00                   |
|                | . Other insurance. Specify:   | 15d.         | \$                  | 0.00                     |
|                | res. Do not include taxes deducted from your pay or included in lines 4 or 20.  | 40           | •                   |                          |
|                | ecify:  | 16.          | <b>&gt;</b>         | 0.00                     |
|                | tallment or lease payments: . Car payments for Vehicle 1  | 17a.         | ¢                   | 0.00                     |
|                |   | 17a.<br>17b. | ·                   |                          |
|                | Car payments for Vehicle 2  |              | ·                   | 0.00                     |
|                | Other Specify: Aarons   | 17c.         | · -                 | 161.00                   |
|                | Other. Specify:   | 17d.         | <b>a</b>            | 0.00                     |
|                | ır payments of alimony, maintenance, and support that you did not report as<br>lucted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I). |              | \$                  | 0.00                     |
|                | er payments you make to support others who do not live with you.  |              | \$                  | 0.00                     |
|                | cify:   | 19.          | ·                   | 0.00                     |
|                | er real property expenses not included in lines 4 or 5 of this form or on Scho  |              | our Income.         |                          |
|                | . Mortgages on other property   | 20a.         |                     | 0.00                     |
| 20b            | . Real estate taxes   | 20b.         | \$                  | 0.00                     |
| 200            | . Property, homeowner's, or renter's insurance  | 20c.         | \$                  | 0.00                     |
| 200            | . Maintenance, repair, and upkeep expenses  | 20d.         | \$                  | 0.00                     |
| 20€            | . Homeowner's association or condominium dues   | 20e.         | \$                  | 0.00                     |
| 1. <b>Otł</b>  | er: Specify:  | 21.          | +\$                 | 0.00                     |
|                | · · ·   |              |                     |                          |
|                | culate your monthly expenses  |              |                     | 4 = 4 = 00               |
|                | Add lines 4 through 21.   |              | \$                  | 1,717.00                 |
| 220            | . Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2   |              | \$                  |                          |
| 220            | . Add line 22a and 22b. The result is your monthly expenses.  |              | \$                  | 1,717.00                 |
| 3 <b>C</b> al  | culate your monthly net income.   |              |                     |                          |
|                | . Copy line 12 (your combined monthly income) from Schedule I.  | 23a.         | \$                  | 2,292.00                 |
|                | Copy your monthly expenses from line 22c above.   | 23b.         | ·                   | 1,717.00                 |
| 200            | . Supply San monthly expenses non-mile 220 above.   | 200.         |                     | 1,717.00                 |
| 230            | . Subtract your monthly expenses from your monthly income.  |              |                     |                          |
| _50            | The result is your <i>monthly net income</i> .  | 23c.         | \$                  | 575.00                   |
|                |   |              |                     |                          |
|                | you expect an increase or decrease in your expenses within the year after yo  |              |                     |                          |
|                | example, do you expect to finish paying for your car loan within the year or do you expect you  | r mortgage   | payment to increase | or decrease because of a |
|                | ification to the terms of your mortgage?  |              |                     |                          |
|                |   |              |                     |                          |
|                | Yes. Explain here:  |              |                     |                          |

# Case 18-70705 Doc 1 Filed 06/19/18 Entered 06/19/18 15:50:12 Desc Main Document Page 44 of 62

| Elling this info    |                             |                           |               |                   |                      |                       |                 |
|---------------------|-----------------------------|---------------------------|---------------|-------------------|----------------------|-----------------------|-----------------|
| FIII IN this into   | ormation to identify your   | case:                     |               |                   |                      |                       |                 |
| Debtor 1            | Ronald Arthur Co            | ornelius, Jr.             | Loo           | st Name           |                      |                       |                 |
| Debtor 2            | Kristi Michelle Co          |                           | Las           | st Name           |                      |                       |                 |
| (Spouse if, filing) | First Name                  | Middle Name               | Las           | st Name           |                      |                       |                 |
| United States B     | Bankruptcy Court for the:   | MIDDLE DISTRICT OF        | GEORGIA       |                   |                      |                       |                 |
| Case number         |                             |                           |               |                   |                      |                       |                 |
| (if known)          |                             |                           |               |                   |                      | ☐ Check if            |                 |
|                     |                             |                           |               |                   |                      | amended               | d filing        |
|                     |                             |                           |               |                   |                      |                       |                 |
| Official Fo         | rm 106Dec                   |                           |               |                   |                      |                       |                 |
|                     | ntion About a               | n Individua               | Debt          | or's Sch          | edules               |                       | 12/15           |
|                     |                             |                           |               |                   |                      |                       |                 |
| f two married       | people are filing togethe   | r, both are equally respo | onsible for s | upplying correct  | information.         |                       |                 |
| You must file t     | his form whenever you fi    | le bankruptcy schedule    | s or amende   | ed schedules. Ma  | aking a false state  | ement, concealing a   | property, or    |
| obtaining mon       | ey or property by fraud in  | n connection with a ban   |               |                   |                      |                       |                 |
| years, or both.     | 18 U.S.C. §§ 152, 1341, 1   | ₁519, and 3571.           |               |                   |                      |                       |                 |
|                     |                             |                           |               |                   |                      |                       |                 |
| Si                  | ign Below                   |                           |               |                   |                      |                       |                 |
| Did you r           | any or agree to now some    | ene who is NOT on offe    | rnov to boln  | wou fill out book | cruptov formo?       |                       |                 |
| Dia you p           | pay or agree to pay some    | one who is NOT an atto    | rney to neip  | you fill out bank | cruptcy forms?       |                       |                 |
| ■ No                |                             |                           |               |                   |                      |                       |                 |
| □ Yes.              | Name of person              |                           |               |                   | Attach Ban           | kruptcy Petition Prep | parer's Notice. |
|                     |                             |                           |               |                   |                      | , and Signature (Offi |                 |
|                     |                             |                           |               |                   |                      |                       |                 |
|                     | nalty of perjury, I declare | that I have read the sun  | nmary and s   | chedules filed w  | ith this declaration | on and                |                 |
| that they a         | are true and correct.       |                           |               |                   |                      |                       |                 |
| X /s/ Ro            | onald Arthur Cornelius      | s, Jr.                    | Х             | /s/ Kristi Mich   | elle Cornelius       |                       |                 |
| Rona                | ald Arthur Cornelius, J     |                           |               | Kristi Michelle   |                      |                       |                 |
| Signa               | ture of Debtor 1            |                           |               | Signature of Deb  | otor 2               |                       |                 |
| Date                | June 19, 2018               |                           |               | Date June 19      | 9, 2018              |                       |                 |
|                     | •                           |                           |               |                   |                      |                       |                 |

# Case 18-70705 Doc 1 Filed 06/19/18 Entered 06/19/18 15:50:12 Desc Main Document Page 45 of 62

| Fill i          | n this inforr            | nation to identify your                       | case:                                      |   |   |   |
|-----------------|--------------------------|---|--|---|---|---|
| Deb             | or 1                     | Ronald Arthur C                               | ornelius, Jr.                              |   |   |   |
|                 |                          | First Name                                    | Middle Name                                | Last Name   |   |   |
| Debt<br>(Spou   | or 2<br>se if, filing)   | Kristi Michelle C                             | ornelius<br>Middle Name                    | Last Name   |   |   |
| Linit           | ad States Ba             | nkruptcy Court for the:                       | MIDDLE DISTRICT OF G                       | SEORGIA   |   |   |
| Office          | eu States Da             | initiapity Court for the.                     | WIDDLE DISTRICT OF C                       | DECINOIA  |   |   |
| Case<br>(if kno | e number _<br>wn)        |   |  |   | _   | heck if this is an<br>mended filing                   |
| Sta             |                          | of Financial                                  |  | duals Filing for B  |   | 4/16  |
| nfor<br>numl    | mation. If moer (if know | ore space is needed,<br>n). Answer every ques | attach a separate sheet to stion.          | this form. On the top of any  | equally responsible for sup<br>y additional pages, write you    |   |
| Part            | Give D                   | Details About Your Ma                         | rital Status and Where You                 | Lived Before  |   |   |
| 1.              | What is you              | r current marital statu                       | s?   |   |   |   |
|                 | ■ Married □ Not mai      | ried  |  |   |   |   |
| 2.              | During the I             | ast 3 years, have you                         | lived anywhere other than                  | where you live now?   |   |   |
|                 | ■ No<br>□ Yes. Lis       | et all of the places you li                   | ved in the last 3 years. Do no             | ot include where you live now   | <i>ı</i> .  |   |
|                 | Debtor 1 Pr              | ior Address:                                  | Dates Debtor 1 lived there                 | Debtor 2 Prior Ad   | dress:  | Dates Debtor 2<br>lived there                         |
|                 |                          |   |  |   | ity property state or territory<br>ico, Texas, Washington and W |   |
|                 | ■ No<br>□ Yes. Ma        | ake sure you fill out <i>Sch</i>              | nedule H: Your Codebtors (O                | fficial Form 106H).   |   |   |
|                 |                          | ,   | (1   | ,   |   |   |
| Part            | 2 Explai                 | n the Sources of You                          | r Income                                   |   |   |   |
|                 | Fill in the tota         | al amount of income you                       | u received from all jobs and a             | ng a business during this yeall businesses, including parter together, list it only once ur |   | ndar years?   |
|                 | □ No                     |   |  |   |   |   |
|                 | Yes. Fil                 | I in the details.                             |  |   |   |   |
|                 |                          |   | Debtor 1                                   |   | Debtor 2  |   |
|                 |                          |   | Sources of income<br>Check all that apply. | Gross income<br>(before deductions and<br>exclusions)                                       | Sources of income<br>Check all that apply.                      | Gross income<br>(before deductions<br>and exclusions) |
|                 |                          | of current year until<br>d for bankruptcy:    | ■ Wages, commissions, bonuses, tips        | \$12,075.00   | ■ Wages, commissions, bonuses, tips                             | \$0.00  |
|                 |                          |   | ☐ Operating a business                     |   | ☐ Operating a business  |   |

Official Form 107

Case 18-70705 Doc 1 Filed 06/19/18 Entered 06/19/18 15:50:12 Desc Main Document Page 46 of 62

Page 46 of 62 Document Ronald Arthur Cornelius, Jr. Debtor 1 Debtor 2 Kristi Michelle Cornelius Case number (if known) Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** (before deductions and Check all that apply. Check all that apply. (before deductions exclusions) and exclusions) For last calendar year: \$26,775.00 \$0.00 Wages, commissions, Wages, commissions, (January 1 to December 31, 2017) bonuses, tips bonuses, tips ☐ Operating a business Operating a business For the calendar year before that: \$0.00 \$0.00 Wages, commissions. Wages, commissions. (January 1 to December 31, 2016) bonuses, tips bonuses, tips ☐ Operating a business Operating a business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. No Yes. Fill in the details. Debtor 2 Debtor 1 Sources of income **Gross income from** Sources of income **Gross income** Describe below. each source Describe below. (before deductions (before deductions and and exclusions) exclusions) Part 3: List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more? □ No. Go to line 7. □ Yes List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. ☐ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not

**Creditor's Name and Address** 

Dates of payment

attorney for this bankruptcy case.

Total amount paid

include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an

Amount you still owe Was this payment for ...

Case 18-70705 Doc 1 Filed 06/19/18 Entered 06/19/18 15:50:12 Desc Main Document Page 47 of 62 Ronald Arthur Cornelius, Jr.

| Debt        | or 2                  | Kristi Michelle Cornelius  |                 |   | Cas  | se number (i               | f known)          |                                   |  |
|-------------|-----------------------|--|-----------------|---|--|----------------------------|-------------------|-----------------------------------|--|
| )<br>(      | <i>nside</i><br>of wh | n 1 year before you filed for bankruptoers include your relatives; any general paich you are an officer, director, person in iness you operate as a sole proprietor. 1 ny. | rtner:<br>conti | s; relatives of any ger<br>rol, or owner of 20% o | neral partners; partners or more of their voting | erships of wig securities; | hich yo<br>and ar | u are a general<br>ly managing ag | partner; corporation ent, including one fo |
| I           | _                     | No   |                 |   |  |                            |                   |                                   |  |
| _           |                       | Yes. List all payments to an insider.  der's Name and Address  | Da              | tes of payment                                    | Total amount paid                                | Amount<br>still            | you               | Reason for t                      | his payment                                |
| i           | nsid                  | n 1 year before you filed for bankruptoer?<br>de payments on debts guaranteed or cos   | •               | , , , ,   |  | any propert                | y on ac           | count of a de                     | bt that benefited an                       |
| ]<br>[      | _                     | No<br>Yes. List all payments to an insider   |                 |   |  |                            |                   |                                   |  |
|             |                       | der's Name and Address   | Da              | tes of payment                                    | Total amount paid                                | Amount<br>still            | you               | Reason for t                      | his payment<br>or's name                   |
| Part        | 4:                    | Identify Legal Actions, Repossession   | ıs, ar          | nd Foreclosures                                   |  |                            |                   |                                   |  |
| L           | _ist a                | n 1 year before you filed for bankrupte<br>Il such matters, including personal injury<br>ications, and contract disputes.  |                 |   |  |                            |                   |                                   |  |
| ]<br>[      | _ `                   | No<br>Yes. Fill in the details.  |                 |   |  |                            |                   |                                   |  |
|             |                       | e title<br>e number  | Na              | ture of the case                                  | Court or agency                                  |                            |                   | Status of the                     | case                                       |
|             |                       | n 1 year before you filed for bankrupt<br>k all that apply and fill in the details below   |                 | as any of your prop                               | erty repossessed, f                              | oreclosed,                 | garnis            | hed, attached,                    | seized, or levied?                         |
| ]<br>[      |                       | No. Go to line 11.<br>Yes. Fill in the information below.  |                 |   |  |                            |                   |                                   |  |
|             | Cred                  | litor Name and Address   |                 | scribe the Property                               |  |                            | Date              |                                   | Value of the property                      |
|             |                       | n 90 days before you filed for bankrup   | otcy,           |   |  | nancial inst               | itution           | , set off any ar                  | nounts from your                           |
| 6<br>]<br>] | <b>=</b> 1            | unts or refuse to make a payment bec<br>No<br>Yes. Fill in the details.  | ause            | you owed a debt?                                  |  |                            |                   |                                   |  |
| i           |                       | litor Name and Address   | De              | scribe the action the                             | e creditor took                                  |                            | Date a            | action was                        | Amount                                     |
|             |                       | n 1 year before you filed for bankrupt<br>-appointed receiver, a custodian, or a   |                 |   | erty in the possess                              | ion of an as               | ssigne            | e for the benef                   | it of creditors, a                         |
| I           | _                     | No<br>Van  |                 |   |  |                            |                   |                                   |  |
| Part        |                       | Yes List Certain Gifts and Contributions   |                 |   |  |                            |                   |                                   |  |
|             | Vithi                 | n 2 years before you filed for bankrup   | tcy, d          | did you give any gift                             | s with a total value                             | of more th                 | an \$60           | ) per person?                     |  |
| Ī           | _                     | Yes. Fill in the details for each gift.  |                 |   |  |                            |                   |                                   |  |
|             |                       | s with a total value of more than \$600 person   |                 | Describe the gifts                                |  |                            | Dates<br>the gi   | you gave<br>fts                   | Value                                      |
|             |                       | on to Whom You Gave the Gift and   |                 |   |  |                            |                   |                                   |  |

Debtor 1

Case 18-70705 Doc 1 Filed 06/19/18 Entered 06/19/18 15:50:12 Desc Main Document Page 48 of 62 Ronald Arthur Cornelius, Jr. Debtor 2 Kristi Michelle Cornelius Case number (if known) 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? ☐ Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Describe what you contributed Dates you Value contributed more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses 15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? No Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. Nο Yes. Fill in the details. Person Who Was Paid Description and value of any property Date payment Amount of Address transferred or transfer was payment Email or website address made Person Who Made the Payment, if Not You 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. No П Yes. Fill in the details. Person Who Was Paid Description and value of any property Date payment Amount of Address transferred or transfer was payment

made

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

No

Yes. Fill in the details.

**Person Who Received Transfer** Address Person's relationship to you

Description and value of property transferred

Describe any property or payments received or debts paid in exchange

Date transfer was made

Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

No

Yes. Fill in the details. П

Name of trust

Description and value of the property transferred

**Date Transfer was** made

Case 18-70705 Doc 1 Filed 06/19/18 Entered 06/19/18 15:50:12 Desc Main Document Page 49 of 62

Debtor 1 Ronald Arthur Cornelius, Jr.
Debtor 2 Kristi Michelle Cornelius

Case number (if known)

| Pai | t 8: List of Certain Financial Accounts, I   | nstruments, Safe Depos                                     | it Boxes, and Sto  | orage Units | 3  |   |  |  |  |  |  |  |  |
|-----|--|--|--|-------------|--|---|--|--|--|--|--|--|--|
| 20. | Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.  No |  |  |             |  |   |  |  |  |  |  |  |  |
|     | Yes. Fill in the details.  |  |  |             |  |   |  |  |  |  |  |  |  |
|     | Name of Financial Institution and<br>Address (Number, Street, City, State and ZIP<br>Code)   | Last 4 digits of account number Type of account instrument |  | int or      | Date account was closed, sold, moved, or transferred | Last balance<br>before closing or<br>transfer |  |  |  |  |  |  |  |
| 21. | Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?   |  |  |             |  |   |  |  |  |  |  |  |  |
|     | ■ No □ Yes. Fill in the details.   |  |  |             |  |   |  |  |  |  |  |  |  |
|     | Name of Financial Institution<br>Address (Number, Street, City, State and ZIP Code)  | Who else had ac<br>Address (Number,<br>State and ZIP Code) |  | Describe t  | he contents  | Do you still have it?                         |  |  |  |  |  |  |  |
| 22. | Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy  No  Yes. Fill in the details.  |  |  |             |  |   |  |  |  |  |  |  |  |
|     | Name of Storage Facility Address (Number, Street, City, State and ZIP Code)  | to it?<br>Address (Number,                                 | Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) |             |  | Do you still have it?                         |  |  |  |  |  |  |  |
| Pai | t 9: Identify Property You Hold or Control   | ol for Someone Else  |  |             |  |   |  |  |  |  |  |  |  |
| 23. | Do you hold or control any property that s for someone.  | omeone else owns? Inc                                      | lude any propert   | y you borro | owed from, are storing fo                            | r, or hold in trust                           |  |  |  |  |  |  |  |
|     | ■ No □ Yes. Fill in the details.   |  |  |             |  |   |  |  |  |  |  |  |  |
|     | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)   | Where is the pro<br>(Number, Street, City,<br>Code)        |  | Describe t  | he property  | Value   |  |  |  |  |  |  |  |
| Pai | t 10: Give Details About Environmental In  | formation  |  |             |  |   |  |  |  |  |  |  |  |
| For | the purpose of Part 10, the following definit  | tions apply:   |  |             |  |   |  |  |  |  |  |  |  |
|     | Environmental law means any federal, state toxic substances, wastes, or material into regulations controlling the cleanup of these   | the air, land, soil, surfa                                 | ce water, ground   | • .         |  |   |  |  |  |  |  |  |  |
|     | Site means any location, facility, or proper to own, operate, or utilize it, including disp  |  | environmental la   | aw, whethe  | er you now own, operate,                             | or utilize it or used                         |  |  |  |  |  |  |  |
|     | Hazardous material means anything an en hazardous material, pollutant, contaminan  |  | as a hazardous   | waste, haz  | ardous substance, toxic                              | substance,                                    |  |  |  |  |  |  |  |
| Rep | ort all notices, releases, and proceedings the   | hat you know about, reç                                    | jardless of when   | they occur  | rred.  |   |  |  |  |  |  |  |  |
| 24. | Has any governmental unit notified you that  | at you may be liable or                                    | ootentially liable   | under or in | violation of an environm                             | nental law?                                   |  |  |  |  |  |  |  |
|     | ■ No □ Yes. Fill in the details.   |  |  |             |  |   |  |  |  |  |  |  |  |
|     | Name of site Address (Number, Street, City, State and ZIP Code)  | Governmental u<br>Address (Number,<br>ZIP Code)            | nit<br>Street, City, State and   |             | nmental law, if you<br>t                             | Date of notice                                |  |  |  |  |  |  |  |
|     |  | Zii Goue)  |  |             |  |   |  |  |  |  |  |  |  |

Case 18-70705 Doc 1 Filed 06/19/18 Entered 06/19/18 15:50:12 Desc Main Document Page 50 of 62

Debtor 1 Ronald Arthur Cornelius, Jr.
Debtor 2 Kristi Michelle Cornelius

Case number (if known)

| 25.  | Have   | Have you notified any governmental unit of any release of hazardous material? |  |       |  |                    |  |  |
|--|--|---|--|-------|--|--------------------|--|--|
|  | ■ No   |   |  |       |  |                    |  |  |
|  |  | Yes. Fill in the details.   |  |       |  |                    |  |  |
|  |  | ne of site ress (Number, Street, City, State and ZIP Code)                    | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code) |       | Environmental law, if you know it  | Date of notice     |  |  |
| 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlement |  |   |  |       |  | nd orders.         |  |  |
|  |  | No  |  |       |  |                    |  |  |
|  |  | Yes. Fill in the details.   |  |       |  |                    |  |  |
|  |  | e Title<br>e Number   | Court or agency Name   | Nat   | ure of the case  | Status of the case |  |  |
|  | Case Number  Name Address (Number, Street, City, State and ZIP Code)   |   |  |       |  |                    |  |  |
| Par  | t 11:  | Give Details About Your Business or C   | Connections to Any Business  |       |  |                    |  |  |
| 27.  | Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?   |   |  |       |  |                    |  |  |
|  | I  | ☐ A sole proprietor or self-employed ir                                       | a trade, profession, or other activity,                                    | eithe | er full-time or part-time  |                    |  |  |
|  | 1  | ☐ A member of a limited liability compa                                       | any (LLC) or limited liability partnersh                                   | ip (L | LP)  |                    |  |  |
|  | ☐ A partner in a partnership   |   |  |       |  |                    |  |  |
|  | 1  | ☐ An officer, director, or managing executive of a corporation                |  |       |  |                    |  |  |
|  | I  | ☐ An owner of at least 5% of the voting or equity securities of a corporation |  |       |  |                    |  |  |
|  | No. None of the above applies. Go to Part 12.  |   |  |       |  |                    |  |  |
|  | Yes. Check all that apply above and fill in the details below for each business.   |   |  |       |  |                    |  |  |
|  | Business Name E  |   | Describe the nature of the business  |       | Employer Identification number  Do not include Social Security number or I |                    |  |  |
|  |  | ber, Street, City, State and ZIP Code)  | Name of accountant or bookkeeper   |       | ·  |                    |  |  |
|  | Dates business existed   |   |  |       |  |                    |  |  |
| 28.  | Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. |   |  |       |  |                    |  |  |
|  |  | No  |  |       |  |                    |  |  |
|  | _  | Yes. Fill in the details below.   |  |       |  |                    |  |  |
|  | Nam  |   | Date Issued  |       |  |                    |  |  |
|  | Address (Number, Street, City, State and ZIP Code)   |   |  |       |  |                    |  |  |
|  |  |   |  |       |  |                    |  |  |

Case 18-70705 Doc 1 Filed 06/19/18 Entered 06/19/18 15:50:12 Desc Main

Debtor 1
Debtor 2

Ronald Arthur Cornelius, Jr.

Kristi Michelle Cornelius

Case number (if known)

| Part 12: Sign Below                            |  |  |
|--|--|--|
| are true and correct. I understand that making | Financial Affairs and any attachments, and I declare under a false statement, concealing property, or obtaining more o \$250,000, or imprisonment for up to 20 years, or both. | ney or property by fraud in connection |
| /s/ Ronald Arthur Cornelius, Jr.               | /s/ Kristi Michelle Cornelius  |  |
| Ronald Arthur Cornelius, Jr.                   | Kristi Michelle Cornelius  |  |
| Signature of Debtor 1                          | Signature of Debtor 2  |  |
| Date June 19, 2018                             | Date June 19, 2018   |  |
| Did you attach additional pages to Your States | ment of Financial Affairs for Individuals Filing for Bankru  | ıptcy (Official Form 107)?             |
| ■ No   |  |  |
| ☐ Yes  |  |  |
| Did you pay or agree to pay someone who is n   | ot an attorney to help you fill out bankruptcy forms?  |  |
| ■ No   |  |  |
| ☐ Yes. Name of Person Attach the Bank          | ruptcy Petition Preparer's Notice, Declaration, and Signature  | e (Official Form 119).                 |

| Fill in this information to identify your case: |                              |                            |  |  |  |
|---|------------------------------|----------------------------|--|--|--|
| Debtor 1  | Ronald Arthur Cornelius, Jr. |                            |  |  |  |
| Debtor 2<br>(Spouse, if filing)                 | Kristi Michelle Corn         | elius                      |  |  |  |
| United States Bankruptcy Court for the:         |                              | Middle District of Georgia |  |  |  |
| Case number<br>(if known)                       |                              |                            |  |  |  |

| Check | Check as directed in lines 17 and 21:                                |  |  |  |  |  |
|-------|--|--|--|--|--|--|
|       | According to the calculations required by this Statement:            |  |  |  |  |  |
|       | 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3). |  |  |  |  |  |
|       | 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).     |  |  |  |  |  |
|       | 3. The commitment period is 3 years.                                 |  |  |  |  |  |
|       | 4. The commitment period is 5 years.                                 |  |  |  |  |  |

☐ Check if this is an amended filing

#### Official Form 122C-1

### **Chapter 13 Statement of Your Current Monthly Income** and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

#### Part 1: Calculate Your Average Monthly Income

- 1. What is your marital and filing status? Check one only.
  - □ Not married. Fill out Column A, lines 2-11.
  - Married. Fill out both Columns A and B. lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. §

|  |                                |                                    |                             | Colui<br>Debt |          | Column<br>Debtor<br>non-fili | _    |
|--|--------------------------------|------------------------------------|-----------------------------|---------------|----------|------------------------------|------|
| Your gross wages, salary, tips, bonuses, overtime payroll deductions).   | e, and co                      | mmissi                             | ons (before all             | \$            | 2,415.00 | \$                           | 0.00 |
| <b>limony and maintenance payments.</b> Do not includ olumn B is filled in.  | le payme                       | ents from                          | a spouse if                 | \$            | 0.00     | \$                           | 0.00 |
| All amounts from any source which are regularly port you or your dependents, including child support or an unmarried partner, members of your househound roommates. Do not include payments from a spoyou listed on line 3.  Net income from operating a business, profession, or farm | <b>rt.</b> Includ<br>old, your | le regula<br>depende<br>not includ | contributions nts, parents, | \$            | 0.00     | \$                           | 0.00 |
| ross receipts (before all deductions)  | \$                             | 0.00                               |                             |               |          |                              |      |
| Ordinary and necessary operating expenses  | -\$                            | 0.00                               |                             |               |          |                              |      |
| let monthly income from a business, profession, or fa  | arm \$                         | 0.00                               | Copy here ->                | \$            | 0.00     | \$                           | 0.00 |
| Net income from rental and other real property   | Debtor                         | 1                                  |                             |               |          |                              |      |
| ross receipts (before all deductions)  | \$                             | 0.00                               |                             |               |          |                              |      |
| Ordinary and necessary operating expenses  | <b>-</b> \$                    | 0.00                               |                             |               |          |                              |      |
| Ordinary and necessary operating expenses  | _                              |                                    |                             |               |          |                              |      |

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

#### Case 18-70705 Doc 1 Filed 06/19/18 Entered 06/19/18 15:50:12 Desc Main Document Page 53 of 62

**Kristi Michelle Cornelius** Case number (if known) Debtor 2 Column B Column A Debtor 2 or Debtor 1 non-filing spouse 0.00 0.00 7. Interest, dividends, and royalties 8. Unemployment compensation 0.00 0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you\_\_\_\_ 0.00 For your spouse 0.00 9. Pension or retirement income. Do not include any amount received that was a 0.00 0.00 benefit under the Social Security Act. 10, Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. **Fuel Check** 150.00 0.00 0.00 0.00 Total amounts from separate pages, if any. 0.00 0.00 11. Calculate your total average monthly income. Add lines 2 through 10 for 2.565.00 0.00 2,565.00 \$ each column. Then add the total for Column A to the total for Column B. Total average monthly income Part 2: **Determine How to Measure Your Deductions from Income** 12. Copy your total average monthly income from line 11. 2,565.00 13. Calculate the marital adjustment. Check one: ☐ You are not married. Fill in 0 below. You are married and your spouse is filing with you. Fill in 0 below. You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. 0.00 0.00 Copy here=> 2,565.00 14. Your current monthly income. Subtract line 13 from line 12. 15. Calculate your current monthly income for the year. Follow these steps: 2.565.00 15a. Copy line 14 here=> Multiply line 15a by 12 (the number of months in a year). x 12 30,780.00 15b. The result is your current monthly income for the year for this part of the form.

Ronald Arthur Cornelius, Jr.

Case 18-70705 Doc 1 Filed 06/19/18 Entered 06/19/18 15:50:12 Desc Mair Document Page 54 of 62

Kristi Michelle Cornelius Debtor 2 Case number (if known) 16. Calculate the median family income that applies to you. Follow these steps: 16a. Fill in the state in which you live. GA 3 16b. Fill in the number of people in your household. 67.304.00 16c. Fill in the median family income for your state and size of household. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 17. How do the lines compare? Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, Disposable income is not determined under 17a. 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NOT fill out Calculation of Your Disposable Income (Official Form 122C-2). Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, Disposable income is determined under 11 U.S.C. § 17b. 1325(b)(3). Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form 122C-2). On line 39 of that form, copy your current monthly income from line 14 above. Part 3: Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4) 18. Copy your total average monthly income from line 11. 2.565.00 19. Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13. 0.00 19a. If the marital adjustment does not apply, fill in 0 on line 19a. 2,565.00 19b. Subtract line 19a from line 18. \$ 20. Calculate your current monthly income for the year. Follow these steps: 2,565.00 20a. Copy line 19b Multiply by 12 (the number of months in a year). x 12 \$ 30.780.00 20b. The result is your current monthly income for the year for this part of the form 67,304.00 20c. Copy the median family income for your state and size of household from line 16c 21. How do the lines compare? Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, *The commitment* period is 3 years. Go to Part 4. Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, The commitment period is 5 years. Go to Part 4. Part 4: Sign Below By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct. X /s/ Ronald Arthur Cornelius, Jr. X /s/ Kristi Michelle Cornelius Ronald Arthur Cornelius, Jr. Kristi Michelle Cornelius Signature of Debtor 1 Signature of Debtor 2 Date June 19, 2018 Date June 19, 2018 MM / DD / YYYY MM / DD / YYYY If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

Ronald Arthur Cornelius, Jr.

Debtor 1

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

\$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure</a>.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 18-70705 Doc 1 Filed 06/19/18 Entered 06/19/18 15:50:12 Desc Main Document Page 59 of 62

B2030 (Form 2030) (12/15)

### United States Bankruptcy Court Middle District of Georgia

| In   | Ronald Arthur Cornelius, Jr.  Kristi Michelle Cornelius  |  | Case N   | )   |                       |
|------|--|--|--|---|-----------------------|
|      | Misti Michelle Officias  | Debtor(s)  | Chapter  |   |                       |
|      | DISCLOSURE OF COMPI  | ENSATION OF ATTO   | DNEV FOD I   | OFRTOD(S)   |                       |
|      |  |  |  | ` ,   |                       |
| 1.   | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 201 compensation paid to me within one year before the fil be rendered on behalf of the debtor(s) in contemplation   | ling of the petition in bankruptcy   | , or agreed to be pa   | id to me, for services                                  | rendered or to        |
|      | For legal services, I have agreed to accept  |  | \$   | 3,250.00  |                       |
|      | Prior to the filing of this statement I have received  |  |  | 0.00  |                       |
|      | Balance Due  |  | \$   | 3,250.00  |                       |
| 2.   | \$ of the filing fee has been paid.  |  |  |   |                       |
| 3.   | The source of the compensation paid to me was:   |  |  |   |                       |
|      | ■ Debtor □ Other (specify):  |  |  |   |                       |
| 4.   | The source of compensation to be paid to me is:  |  |  |   |                       |
|      | ■ Debtor □ Other (specify):  |  |  |   |                       |
| 5.   | ■ I have not agreed to share the above-disclosed con   | npensation with any other persor   | n unless they are mo   | embers and associates                                   | of my law firm.       |
|      | ☐ I have agreed to share the above-disclosed comper copy of the agreement, together with a list of the n   |  |  |   | y law firm. A         |
| 5.   | In return for the above-disclosed fee, I have agreed to  | render legal service for all aspec   | cts of the bankruptc   | y case, including:                                      |                       |
|      | <ul> <li>a. Analysis of the debtor's financial situation, and ren</li> <li>b. Preparation and filing of any petition, schedules, st</li> <li>c. Representation of the debtor at the meeting of cred</li> <li>d. [Other provisions as needed]</li> <li>Negotiations with secured creditors to reaffirmation agreements and applicat 522(f)(2)(A) for avoidance of liens on h</li> </ul> | atement of affairs and plan whic<br>itors and confirmation hearing, a<br>reduce to market value; ex-<br>tions as needed; preparation | h may be required;<br>and any adjourned h<br>cemption plannir<br>n and filing of m | earings thereof;  g; preparation and otions pursuant to | d filing of<br>11 USC |
| 7.   | greater, and out-of-pocket expenses.  By agreement with the debtor(s), the above-disclosed for the defense avoid judicial liens and non-possessor per hour, whichever is greater, and out-of-pocket expenses.  | of or prosecution of any ad<br>ry, non-purchase money lie  | versary proceed  |   |                       |
|      | <del>_</del>   | CERTIFICATION  |  |   |                       |
| this | I certify that the foregoing is a complete statement of a s bankruptcy proceeding.   | any agreement or arrangement for   | or payment to me for   | r representation of the                                 | e debtor(s) in        |
|      | June 19, 2018  | /s/ Christopher I  | D. Hall  |   |                       |
|      | Date   | Christopher D. H   | lall 318383  |   |                       |
|      |  | Signature of Attorn <b>Hall &amp; Mullis, PC</b>   |  |   |                       |
|      |  | 2301 Mimosa Dr   | ive  |   |                       |
|      |  | Valdosta, GA 31  |  | :   |                       |
|      |  | 229-245-8817 F<br>dmullis@georgi   |  |   |                       |
|      |  |  | ankruptcycenter  |   |                       |

Name of law firm

Case 18-70705 Doc 1 Filed 06/19/18 Entered 06/19/18 15:50:12 Desc Main Document Page 60 of 62

### United States Bankruptcy Court Middle District of Georgia

| T     | Ronald Arthur Cornellus, Jr. |           | C N-     |    |  |
|-------|------------------------------|-----------|----------|----|--|
| In re | Kristi Michelle Cornelius    |           | Case No. |    |  |
|       |                              | Debtor(s) | Chapter  | 13 |  |
|       |                              |           |          |    |  |

### **VERIFICATION OF CREDITOR MATRIX**

The above-named Debtors hereby verify that the attached list of creditors is true and correct to the best of their knowledge.

| Date: | June 19, 2018 | /s/ Ronald Arthur Cornelius, Jr. |  |
|-------|---------------|----------------------------------|--|
|       |               | Ronald Arthur Cornelius, Jr.     |  |
|       |               | Signature of Debtor              |  |
| Date: | June 19, 2018 | /s/ Kristi Michelle Cornelius    |  |
|       |               | Kristi Michelle Cornelius        |  |
|       |               | Signature of Debtor              |  |
| Date: | June 19, 2018 | /s/ Christopher D. Hall          |  |
|       |               | Signature of Attorney            |  |
|       |               | Christopher D. Hall 318383       |  |
|       |               | Hall & Mullis, PC                |  |
|       |               | 2301 Mimosa Drive                |  |
|       |               | Valdosta, GA 31602               |  |
|       |               | 229-245-8817 Fax: 229-245-1515   |  |

Georgia Department of Revenue 1800 Century Blvd. NE Suite 1175 Atlanta, GA 30345-3218 U.S. Trustee - MAC 440 Martin Luther King Jr.,, Suite 302 Macon, GA 31201 United States Attorney Attn: Barbara Parker P.O. Box 1702 Macon, GA 31202-1702

Internal Revenue Service Centralized Insolvency Operations P.O. Box 7346 Philadelphia, PA 19101-7346

Aaron's Rental Purchase 2145 N. Ashley St Valdosta, GA 31602

Badcock Furniture PO Box 232 Mulberry, FL 33860-0232

Capital One PO Box 85520 Richmond, VA 23285 Capital One P.O. Box 30285 Salt Lake City, UT 84130-0285 Capital One PO Box 71083 Charlotte, NC 28272-1083

CB/Wayfair PO Box 182789 Columbus, OH 43218 CBA 321 MAIN STREET Tifton, GA 31794 Child Support Enforcement 111B S. Patterson St Ste 202 Valdosta, GA 31601

Children's Place PO Box 659820 San Antonio, TX 78265-9120

Christina Restauri Address unknown - No contact with her Comenity Bank - Recovery Dept PO Box 182124 Columbus, OH 43218-2124

Commonwealth Financial 245 Main Street Scranton, PA 18519 Fingerhut 6250 Ridgewood Road Saint Cloud, MN 56303 Fingerhut Credit Account Services P.O. Box 1250

Saint Cloud, MN 56395-1250

First State Bank 3859 Inner Perimeter Road Valdosta, GA 31602 Georgia Power BIN # 10102 241 Ralph McGill Blvd Atlanta, GA 30308-3374 JC Penney Customer Service P.O. Box 981131 El Paso, TX 79998

Kay Jewelers PO Box 740425 Cincinnati, OH 45274-0425 Kohl's / Capone N56 W. 17000 Menomonee Falls, WI 53051-7000 Lowndes County Utilities 327 N. Ashley St Valdosta, GA 31601

Mariner Finance Formerly Pioneer Credit 120 W. Hill Ave Valdosta, GA 31601 Merrick Bank Recovery Unit PO Box 23356 Pittsburgh, PA 15222-3356 Midland Credit Management PO Box 939019 San Diego, CA 92193

#### Case 18-70705 Doc 1 Filed 06/19/18 Entered 06/19/18 15:50:12 Desc Main Document Page 62 of 62

Midland Funding, LLC 2365 Northside Drive Ste 300 San Diego, CA 92108 Montgomery Ward 3650 Milwaukee St. Madison, WI 53714 Nationwide Credit Inc. PO Box 26314 Lehigh Valley, PA 18022-6314

Pathology Associates of Valdosta 2001 N. Patterson Street Valdosta, GA 31602 Pay Pal Credit/Comenity Capital P.O. Box 5138 Timonium, MD 21094 Portfolio Recovery Assoc, LLC P.O. Box 12914 Norfolk, VA 23541

Progressive PO Box 105428 Atlanta, GA 30348-5428 Quantum3 Group LLC as agent for Kay Jewelers P.O. Box 788 Kirkland, WA 98083 Quantum3 Group LLC P.O. Box 788 Kirkland, WA 98083

QVC 580 Bellevue Ave Newport, RI 02840 Radiology Associates of Valdosta, LLC PO Box 3670 Valdosta, GA 31604-3670 Sheridan ER Physician Services P.O. Box 452018 Fort Lauderdale, FL 33345

Smith Northview Hospital PO Box 10010 Valdosta, GA 31604 Solstas Lab Partners P.O. Box 35907 Greensboro, NC 27425-5907

South Georgia Medical Center Patient Financial Affairs P.O. Box 0070 Valdosta, GA 31603-0070

Springleaf Financial Services 2910 N. Ashley St., Ste. I Valdosta, GA 31602 State of Florida Disbursement Unit Unit 880006189CA50 P.O. Box 8500 Tallahassee, FL 32314-8500 Stern Recovery Services P.O. Box 14899 Greensboro, NC 27415-4899

United Consumer Financial P.O. Box 856290 Louisville, KY 40285-6290 United Consumer Financial Serv. Attorneys Bass and Associates 3936 E. Ft. Lowell Rd., Suite 200 Tucson, AZ 85712 Valdosta Orthopedic Associates 3527 N Valdosta Road Valdosta, GA 31602

Verizon PO Box 26055 Minneapolis, MN 55426-0055 Webbank/Fingerhut 6250 Ridgewood Road Saint Cloud, MN 56303